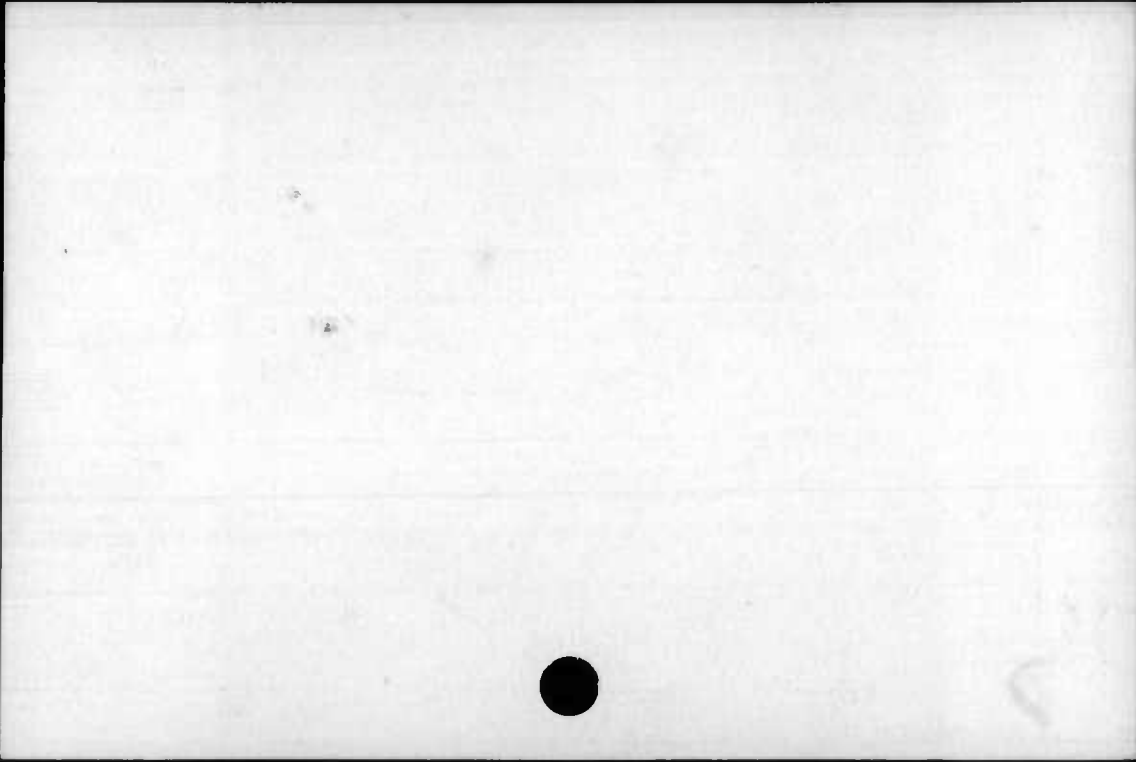


|   |  |                   |          |  |          |                      |         |
|---|--|-------------------|----------|--|----------|----------------------|---------|
| Name in Full  |  | Martha Benson     |          |  |          | CERTIFICATE OF DEATH |         |
|   |  | Town              |          | County                                       |          | MARYLAND             |         |
| Died at   |  | Easton            |          | Talbot                                       |          |                      |         |
| Date of death   |  | 1907              | Month 31 | Day 3  | Years 57 | Months 2             | Days 27 |
| Sex   |  | Female            |          | Color or Race                                |          | Colored              |         |
|   |  |                   |          | Birth-place                                  |          | Md                   |         |
| Occupation  |  | H. W.             |          | Where Residing if not at place of death      |          |                      |         |
| Married, Single or Widowed  |  | Married           |          | Name of Wife or Husband John Wesley Benson   |          |                      |         |
| Father's Name   |  | John Thomas       |          | Father's Birthplace Talbot Co. Md            |          |                      |         |
| Mother's Maiden Name  |  | Milly Young       |          | Mother's Birthplace Talbot Co. Md            |          |                      |         |
| Name of person giving information   |  | John W. Benson    |          | How related to deceased Husband              |          |                      |         |
| <div style="text-align: center;">CAUSES OF DEATH</div> <div style="float: right; border: 2px solid black; border-radius: 50%; padding: 10px; font-size: 24px; font-weight: bold;">120</div> |  |                   |          |  |          |                      |         |
| Primary   |  | Chronic hepatitis |          |  |          | How long 6 yrs.      |         |
| Immediate   |  | Uræmia            |          |  |          | How long 3 days.     |         |
| Are the name, age, sex, color, date and place correctly given above?  |  | yes               |          | Signature of Physician A. Drury Bellson M.D. |          |                      |         |
|   |  |                   |          | Address Easton Md                            |          |                      |         |
| Accident or Suicide?  |  |                   |          |  |          |                      |         |



Name  
in  
Full

Charles Edward Bowdle

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

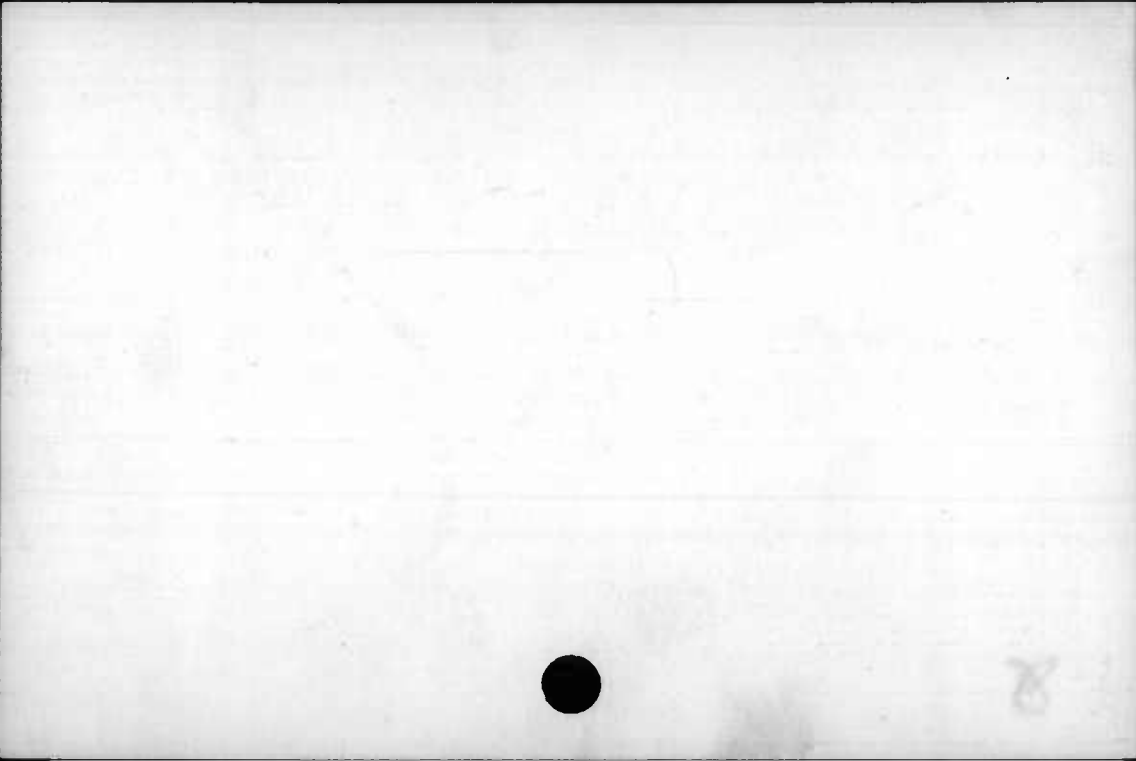
|  |                            |   |   |                      |       |                 |                |
|--|----------------------------|---|---|----------------------|-------|-----------------|----------------|
| Died at <i>Trappe</i>                                |                            | Town  |   | County <i>Talbot</i> |       | MARYLAND        |                |
| Date of death  | <i>1907</i>                | Month <i>Apr</i>                            | Day <i>13</i>                           | Age <i>54</i>        | Years | Months <i>7</i> | Days <i>12</i> |
| Sex <i>male</i>                                      | Color or Race <i>white</i> |   | Birth-place <i>Talbot Co</i>            |                      |       |                 |                |
| Occupation <i>Farmers</i>                            |                            |   | Where Residing if not at place of death |                      |       |                 |                |
| Married, Single or Widowed <i>married</i>            |                            | Name of Wife or Husband <i>Maria Bowdle</i> |   |                      |       |                 |                |
| Father's Name <i>Alexander Bowdle</i>                |                            | Father's Birthplace <i>Talbot Co</i>        |   |                      |       |                 |                |
| Mother's Maiden Name <i>Emily Kirby</i>              |                            | Mother's Birthplace <i>Talbot Co</i>        |   |                      |       |                 |                |
| Name of person giving Information <i>Mrs. Sigley</i> |                            | How related to deceased <i>Sister</i>       |   |                      |       |                 |                |

CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

|   |  |   |
|---|--|---|
| Primary   | <i>Chronic Alcoholism Dilatation of Stomach 10 years</i> | How long  |
| Immediate   | <i>Laparotomy Surgical Shock</i>                         | How long  |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> |  | Signature of Physician <i>Jas. L. McCormick</i> |
|   |  | Address <i>Trappe, Md</i>                       |
| Accident or Suicide?  |  |   |



Name  
in  
Full

Maud Brownell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

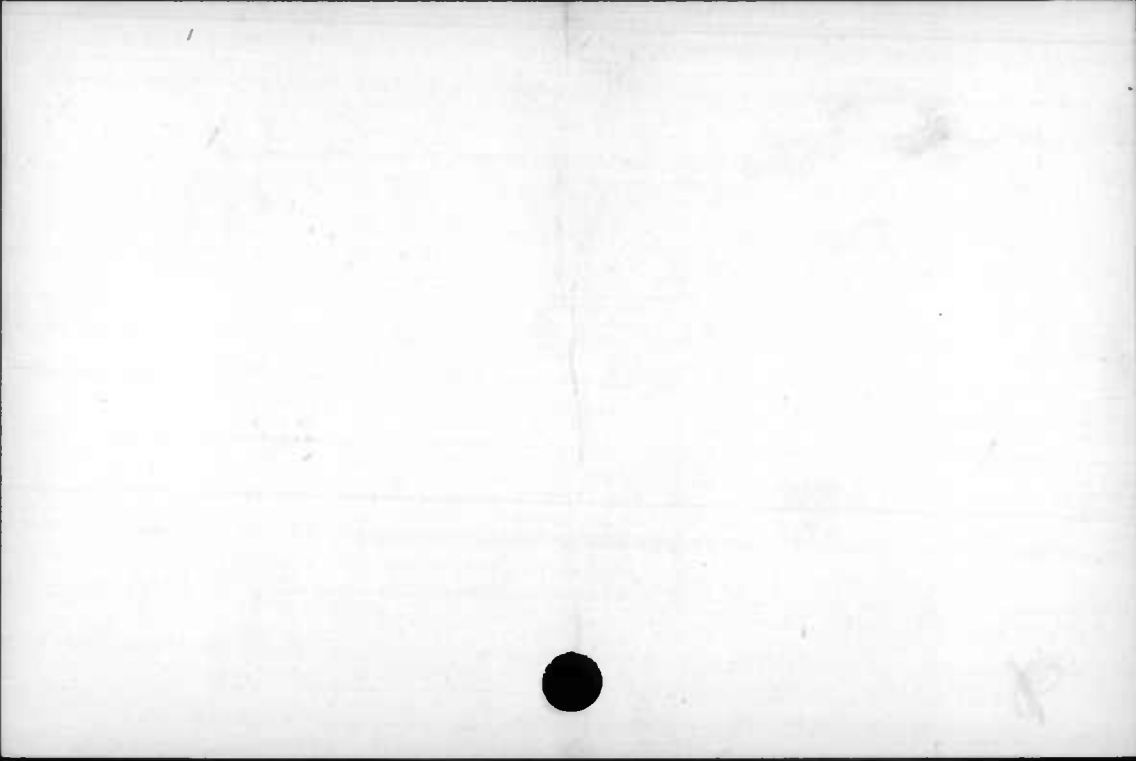
|   |   |  |               |                |                 |
|---|---|--|---------------|----------------|-----------------|
| Died at <u>Trappe</u> Town                            |   | <u>Talbot</u> County                             |               | MARYLAND       |                 |
| Date of death <u>1907</u>                             | Month <u>Apr.</u>   | Day <u>1</u>                                     | Age <u>22</u> | Years <u>✓</u> | Months <u>✓</u> |
| Sex <u>Female</u>                                     | Color or Race <u>Colored</u>                              | Birth-place <u>Talbot Co.</u>                    |               |                |                 |
| Occupation <u>H. work</u>                             |   | Where Residing if not at place of death <u>✓</u> |               |                |                 |
| Married, Single or Widowed <u>married</u>             | Name of <del>Wife</del> Husband <u>Benzamine Brownell</u> |  |               |                |                 |
| Father's Name <u>John Stalnes</u>                     | Father's Birthplace <u>Caroline Co.</u>                   |  |               |                |                 |
| Mother's Maiden Name <u>Martha Stanford</u>           | Mother's Birthplace <u>Caroline Co.</u>                   |  |               |                |                 |
| Name of person giving information <u>Ben Brownell</u> | How related to deceased <u>Husband</u>                    |  |               |                |                 |

## CAUSES OF DEATH

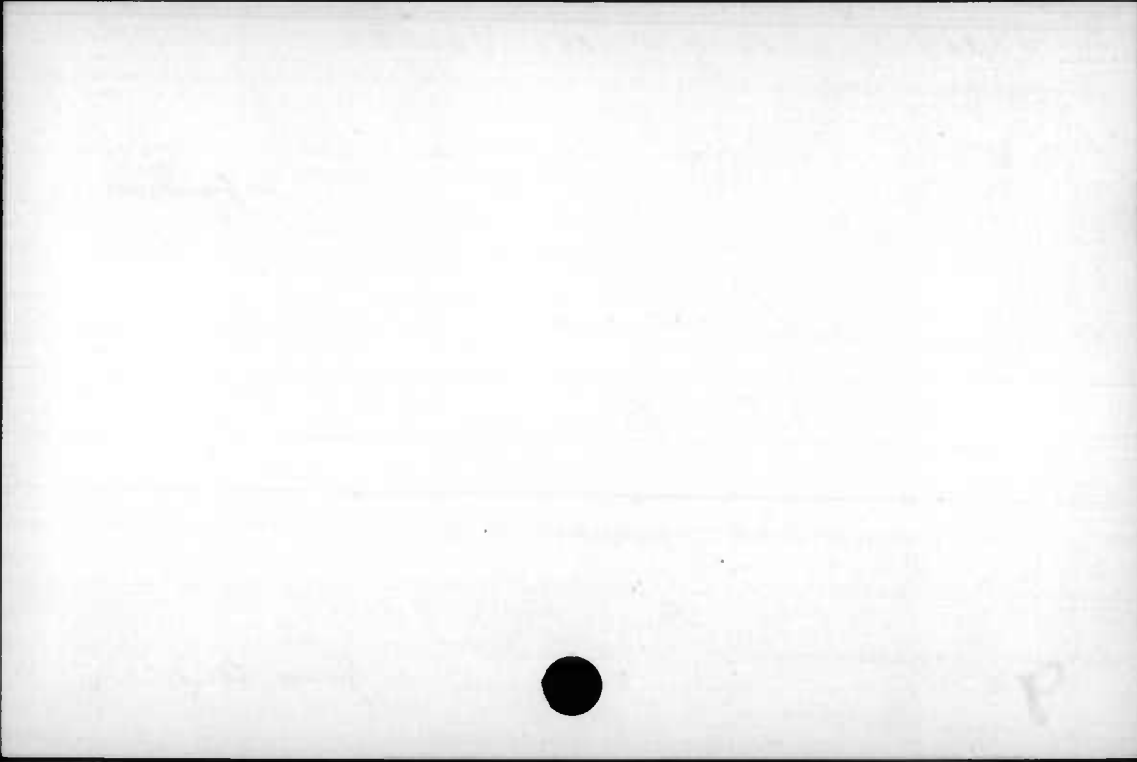
10

PHYSICIAN  
OR CORONER

|   |   |
|---|---|
| Primary <u>Diphtheria &amp; Pneumonia</u>                                       | How long <u>5 weeks</u>                     |
| Immediate <u>Exhaustion</u>   | How long <u>Several days</u>                |
| Are the name, age, sex, color, date and place correctly given above? <u>yes</u> | Signature of Physician <u>Wm S. Seymour</u> |
|   | Address <u>Trappe. Md</u>                   |
| Accident or Suicide? <u>no</u>  |   |



|   |  |  |                    |   |  |                      |                   |
|---|--|--|--------------------|---|--|----------------------|-------------------|
| Name in Full  |  | Della Brooks                               |                    |   |  | CERTIFICATE OF DEATH |                   |
| TO BE ANSWERED BY NEAREST FRIEND                                | Died at <i>Oxford</i> Town   |  |                    | County <i>Nat. St.</i>                  |  | MARYLAND             |                   |
|   | Date of death  | 1907                                       | Month <i>April</i> | Day <i>22</i>                           | Age <i>37</i>                                  | Months <i>0</i>      | Days <i>0</i>     |
|   | Sex  | <i>Female</i>                              |                    | Color or Race                           | <i>African</i>                                 |                      |                   |
|   | Occupation   | <i>Housework</i>                           |                    | Where Residing if not at place of death |  |                      |                   |
|   | Married, Single or Widowed   | Name of Wife or Husband <i>John Brooks</i> |                    |   |  |                      |                   |
|   | Father's Name  | <i>James Hart</i>                          |                    |   | Father's Birthplace                            | <i>Oxford Md</i>     |                   |
|   | Mother's Maiden Name   | <i>Harriet Hammond</i>                     |                    |   | Mother's Birthplace                            | <i>Oxford Md</i>     |                   |
| Name of person giving information                               | <i>John Brooks</i>   |  |                    | How related to deceased                 | <i>Husband</i>                                 |                      |                   |
| CAUSES OF DEATH   |  |  |                    |   |  |                      |                   |
| PHYSICIAN OR CORONER  | Primary  | <i>Confinement</i>                         |                    |   |  | How long             | <i>4 hours</i>    |
|   | Immediate  | <i>Haemorrhages</i>                        |                    |   |  | How long             | <i>short time</i> |
|   | Are the name, age, sex, color, date and place correctly given above? |  | <i>Yes.</i>        |   | Signature of Physician <i>J. M. Cades M.D.</i> |                      |                   |
|   |  |  |                    |   | Address <i>Oxford Md</i>                       |                      |                   |
| Accident or Suicide? <i>Case was dying when I was called in</i> |  |  |                    |   |  |                      |                   |





Name  
in  
Full

State born child of Della Brooks

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

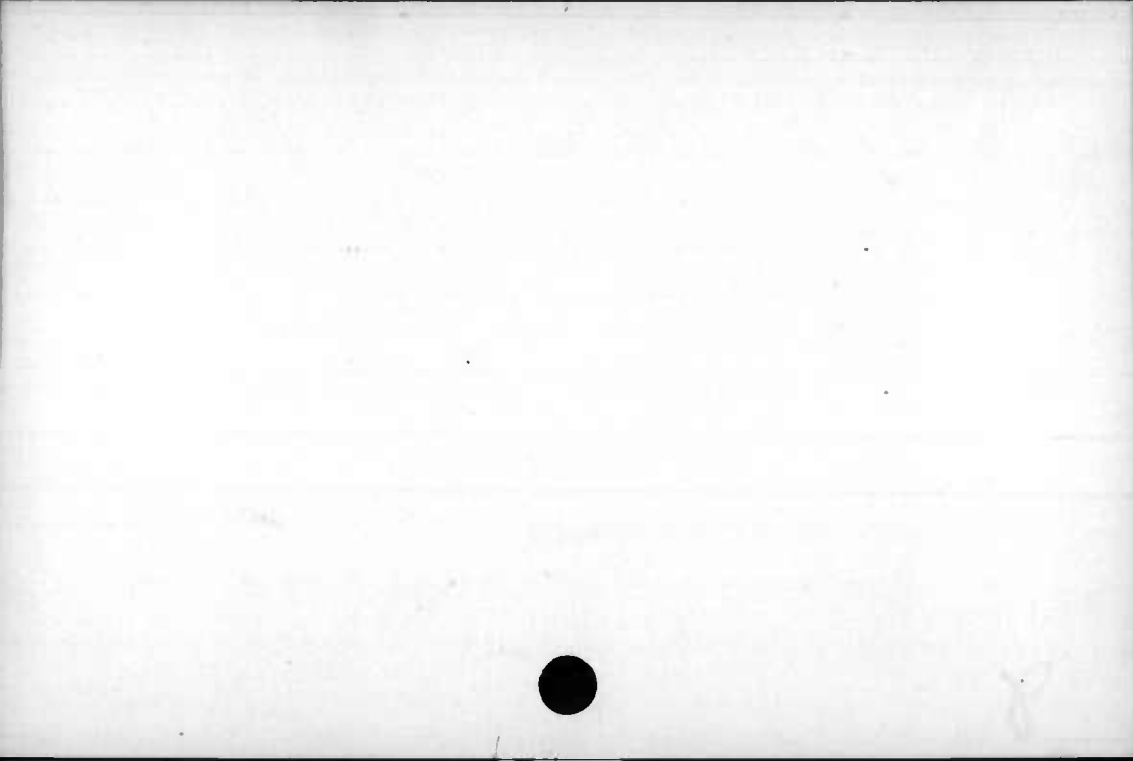
|                                      |        |                                 |   |             |           |
|--------------------------------------|--------|---------------------------------|---|-------------|-----------|
| Died at <u>offnd</u> <sup>Town</sup> |        | <u>Salvor</u> <sup>County</sup> |   | MARYLAND    |           |
| Date of death                        | 1907   | Month                           | April                                   | Day         | 22        |
| Age                                  |        | Years                           |   | Months      |           |
| Sex                                  | Female | Color or Race                   | African                                 | Birth-place | Before Me |
| Occupation                           |        |                                 | Where Residing if not at place of death |             |           |
| Married, Single or Widowed           |        | Name of Wife or Husband         |   |             |           |
| Father's Name                        |        |                                 | John Brooks                             |             |           |
| Mother's Maiden Name                 |        |                                 | Della Stark                             |             |           |
| Name of person giving information    |        |                                 | John Brooks                             |             |           |
| Father's Birthplace                  |        |                                 | Before Me                               |             |           |
| Mother's Birthplace                  |        |                                 | Before Me                               |             |           |
| How related to deceased              |        |                                 | Father                                  |             |           |

## CAUSES OF DEATH

8

PHYSICIAN  
OR CORONER

|  |           |                      |
|--|-----------|----------------------|
| Primary  | Slit-born | How long             |
| Immediate  |           | How long             |
| Are the name, age, sex, color, date and place correctly given above? |           | Yes                  |
| Signature of Physician   |           | J. M. Charles Mather |
| Address  |           | Before Me            |
| Accident or Suicide?   |           |                      |



Name  
in  
Full

## CERTIFICATE OF DEATH



TO BE ANSWERED BY  
NEAREST FRIEND

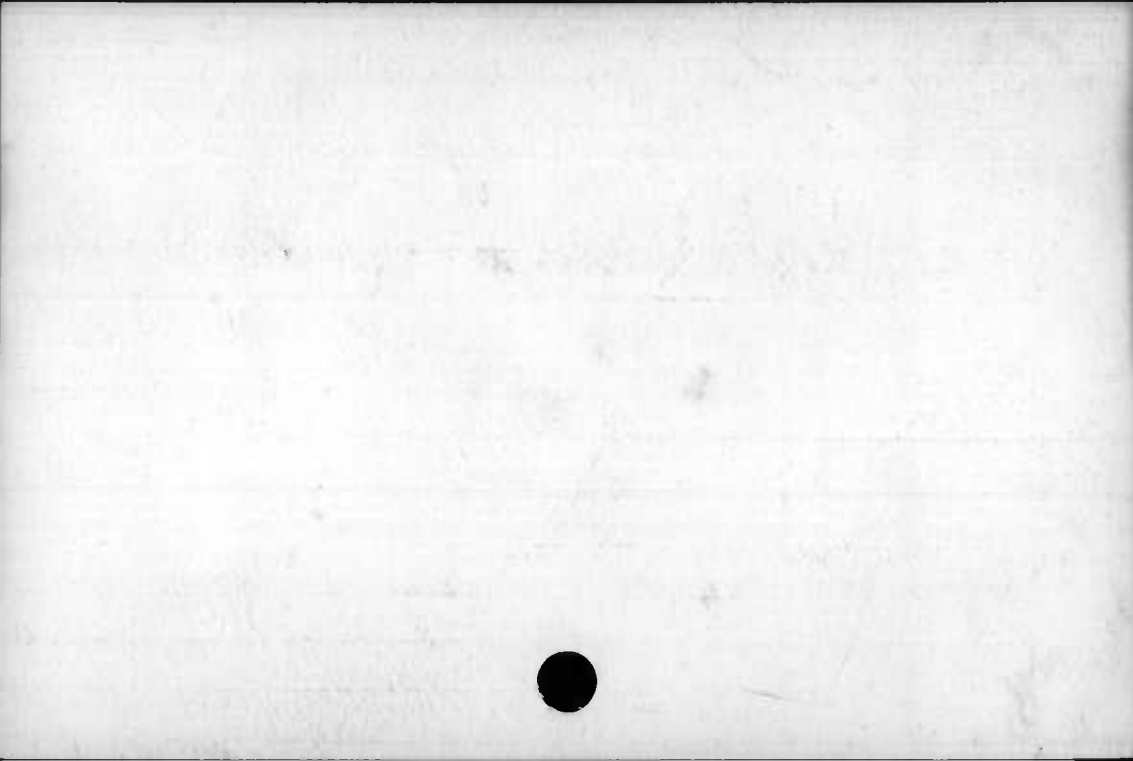
|                                   |              |                 |                                      |   |       |                         |              |
|-----------------------------------|--------------|-----------------|--------------------------------------|---|-------|-------------------------|--------------|
| Died at                           |              | Town<br>Eoaston |                                      | County<br>Talb                          |       | MARYLAND                |              |
| Date of death                     |              | Month<br>sep    | Day<br>17                            | Age<br>70                               | Years | Months<br>7             | Days<br>1    |
| Sex                               | Female       |                 | Color or Race                        | white                                   |       | Birth-place             | Carolineboro |
| Occupation                        | Housewife    |                 |                                      | Where Residing if not at place of death |       |                         |              |
| Married, Single or Widowed        | widow        |                 | Name of Wife or Husband<br>Chas bank |   |       |                         |              |
| Father's Name                     | John Tucker  |                 |                                      |   |       | Father's Birthplace     | not known    |
| Mother's Maiden Name              | Mary Hoares  |                 |                                      |   |       | Mother's Birthplace     | not known    |
| Name of person giving information | Chas Hb bank |                 |                                      |   |       | How related to deceased | Son          |

## CAUSES OF DEATH

42

PHYSICIAN  
OR CORONER

|  |                    |     |  |           |
|--|--------------------|-----|--|-----------|
| Primary  | Uterine Carcinoma  |     | How long                                   | not known |
| Immediate  | Profuse Hemorrhage |     | How long                                   | 3 mos     |
| Are the name, age, sex, color, date and place correctly given above?               |                    | yes | Signature of Physician<br>Chas. F Davidson |           |
|  |                    |     | Address<br>Eoston Md                       |           |
|   |                    |     |  |           |
|  |                    |     |  |           |
| Accident or Suicide?   |                    |     |  |           |



Name

in  
Full

CERTIFICATE OF DEATH

Mary Balinda Cook

Town

County

MARYLAND

Died at

Ferry Neck

Tallbot-

Date

Month

Day

Years

Months

Days

of death

1907

April

26

Age

64

Sex

Female

Color or  
Race

Negro

Birth-  
place

Tallbot Co.

Occupation

None

Where Residing if not  
at place of death

At Home

Married, Single  
or Widowed

Widow

Name of Wife or  
Husband

Richard Henry Cook

Father's  
Name

Sam Macie

Father's  
Birthplace

Tallbot Co

Mother's  
Maiden Name

Emma Macie

Mother's  
Birthplace

"

"

Name of person giving  
In formation

Mary R. Smith

How related  
to deceased

Daughter

## CAUSES OF DEATH

Primary

Softening of brain

How long

2 years

Immediate

Aschemic

How long

2 or 3 months

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Saml C. Triple

Address

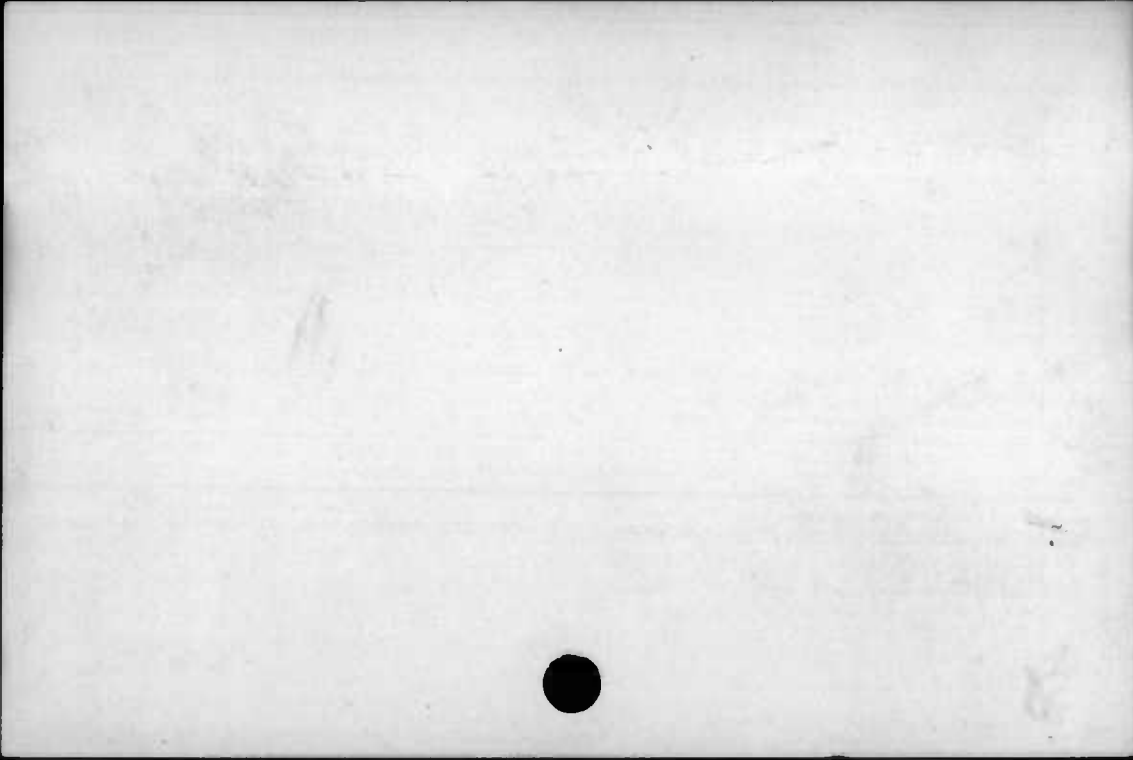
Royal Oak, Md

Accident or Suicide?

—

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

65



Name  
in  
Full

Mrs. Mary Frances Dawson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

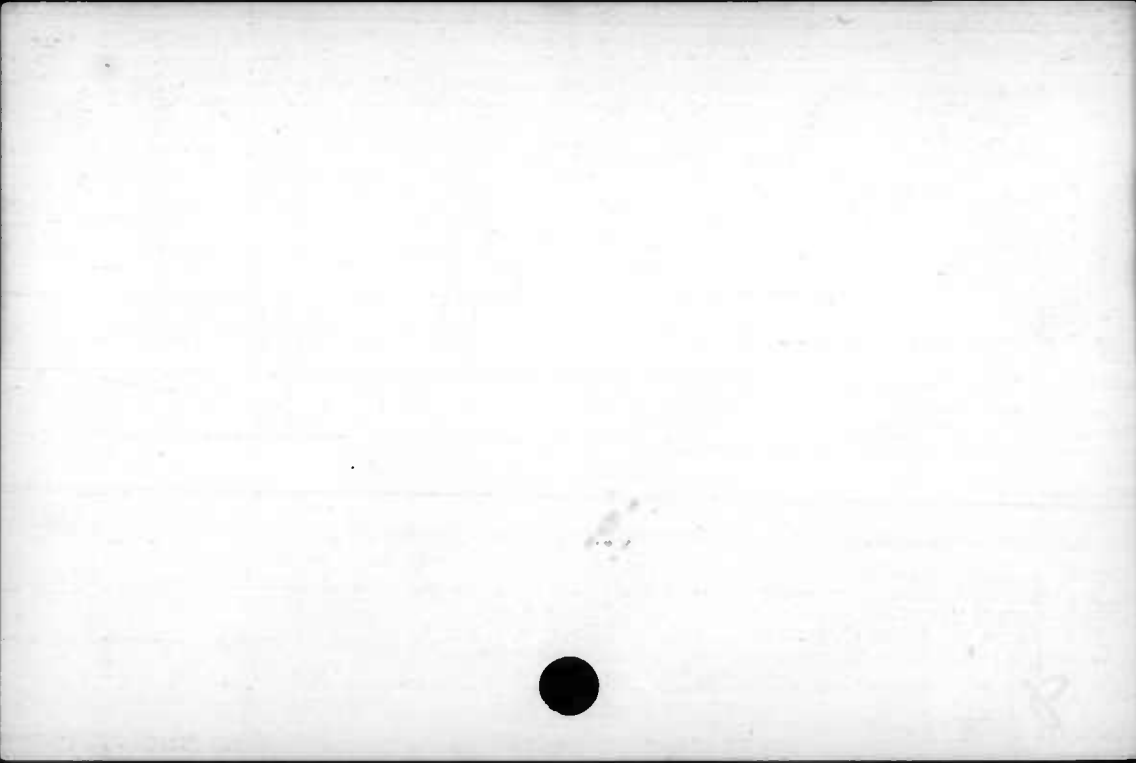
|                                   |  |                          |     |   |       |          |      |
|-----------------------------------|--|--------------------------|-----|---|-------|----------|------|
| Died at                           |  | Town<br><i>Wittman</i>   |     | County<br><i>Talbot</i>                 |       | MARYLAND |      |
| Date of death                     |  | Month                    | Day | Age                                     | Years | Months   | Days |
| 1907                              |  | ap -                     | 1   | 64                                      |       | 6        | 24   |
| Sex                               |  | Color or Race            |     | Birth-place                             |       |          |      |
| Female                            |  | White                    |     | Wittman Md                              |       |          |      |
| Occupation                        |  |                          |     | Where Residing if not at place of death |       |          |      |
| Housewife                         |  |                          |     | " "                                     |       |          |      |
| Married, Single or Widowed        |  | Name of Wife or Husband  |     |   |       |          |      |
| Married                           |  | Dr. Robert Morris Dawson |     |   |       |          |      |
| Father's Name                     |  | Father's Birthplace      |     |   |       |          |      |
| John Kemp                         |  | Talbot Co                |     |   |       |          |      |
| Mother's Maiden Name              |  | Mother's Birthplace      |     |   |       |          |      |
| Susan Kemp-Lambden                |  | " "                      |     |   |       |          |      |
| Name of person giving information |  | How related to deceased  |     |   |       |          |      |
| Dr. Robt. Dawson                  |  | Husband                  |     |   |       |          |      |

## CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

|  |                                    |                        |                 |
|--|------------------------------------|------------------------|-----------------|
| Primary  | <i>La. Grippe &amp; Bronchitis</i> | How long               | <i>4 Mos</i>    |
| Immediate  | <i>Heart failure</i>               | How long               | <i>Suddenly</i> |
| Are the name, age, sex, color, date and place correctly given above? |                                    | Signature of Physician |                 |
| yes  |                                    | <i>J. K. Wilson</i>    |                 |
|  |                                    | Address                |                 |
|  |                                    | <i>Tilghman Md</i>     |                 |
| Accident or Suicide?   |                                    |                        |                 |
| no   |                                    |                        |                 |





Name  
in  
Full

Grace E. George

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

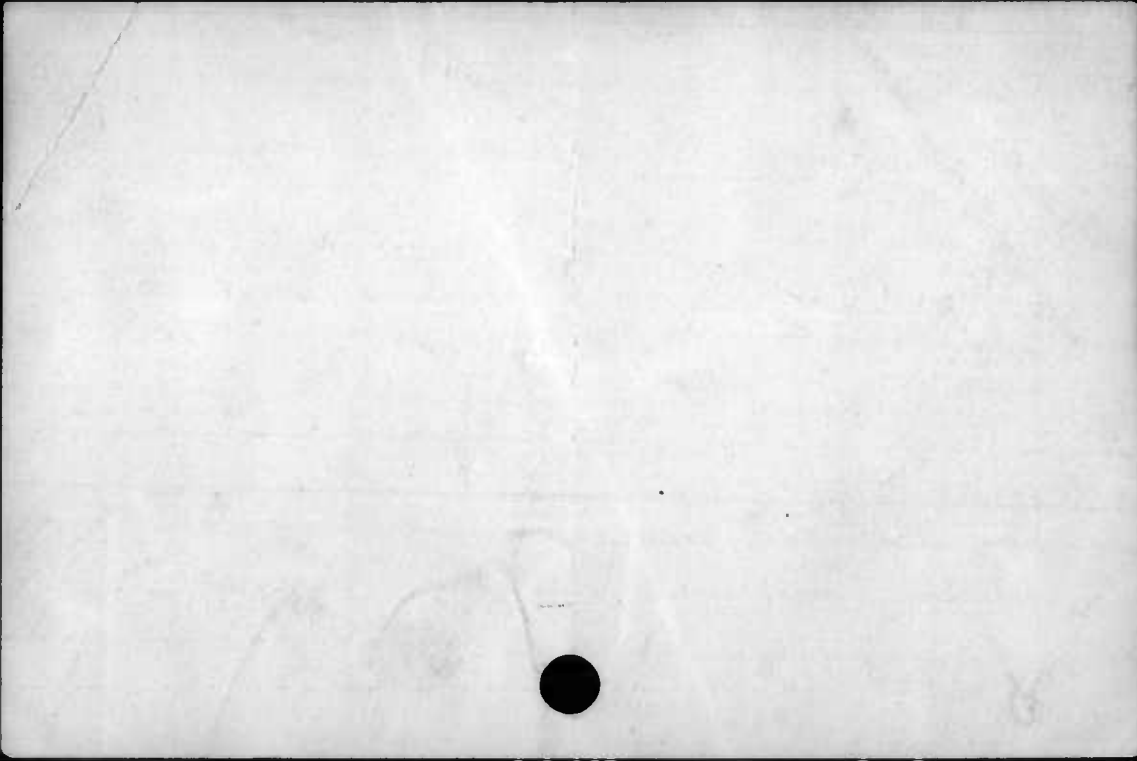
|   |                              |                    |                                  |  |                |               |  |
|---|------------------------------|--------------------|----------------------------------|--|----------------|---------------|--|
| Died at <i>Royal Oak -</i>                          |                              | Town <i>Talbot</i> |                                  | County <i>Talbot</i>                   |                | MARYLAND      |  |
| Date of death 1907                                  | Month <i>Apr</i>             | Day <i>22</i>      | Years <i>23</i>                  | Months <i>—</i>                        | Days <i>13</i> | <del>13</del> |  |
| Sex <i>Female</i>                                   | Color or Race <i>white -</i> |                    | Birth-place <i>Talbot co. Md</i> |  |                |               |  |
| <del>Married, Single</del><br><del>or Widowed</del> |                              |                    | Occupation <i>Lady</i>           |  |                |               |  |
| Name of Wife or Husband <i>—</i>                    |                              |                    |                                  |  |                |               |  |
| Father's Name <i>Jno F. George</i>                  |                              |                    |                                  | Father's Birthplace <i>New York</i>    |                |               |  |
| Mother's Maiden Name <i>Mary V. Calwell</i>         |                              |                    |                                  | Mother's Birthplace <i>Maryland</i>    |                |               |  |
| Name of person giving information <i>Brother</i>    |                              |                    |                                  | How related to deceased <i>Brother</i> |                |               |  |

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

|   |  |
|---|--|
| Primary <i>Tuberculosis</i>   | How long <i>one year</i>                     |
| Immediate <i>Asthma</i>   | How long <i>2 or 3 weeks</i>                 |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>Saml C. Trippe</i> |
| <i>g</i>  | Address <i>Royal Oak Md</i>                  |
|   |  |
| Accident or Suicide? <i>—</i>   |  |



Name  
in  
Full

Lacey Green

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

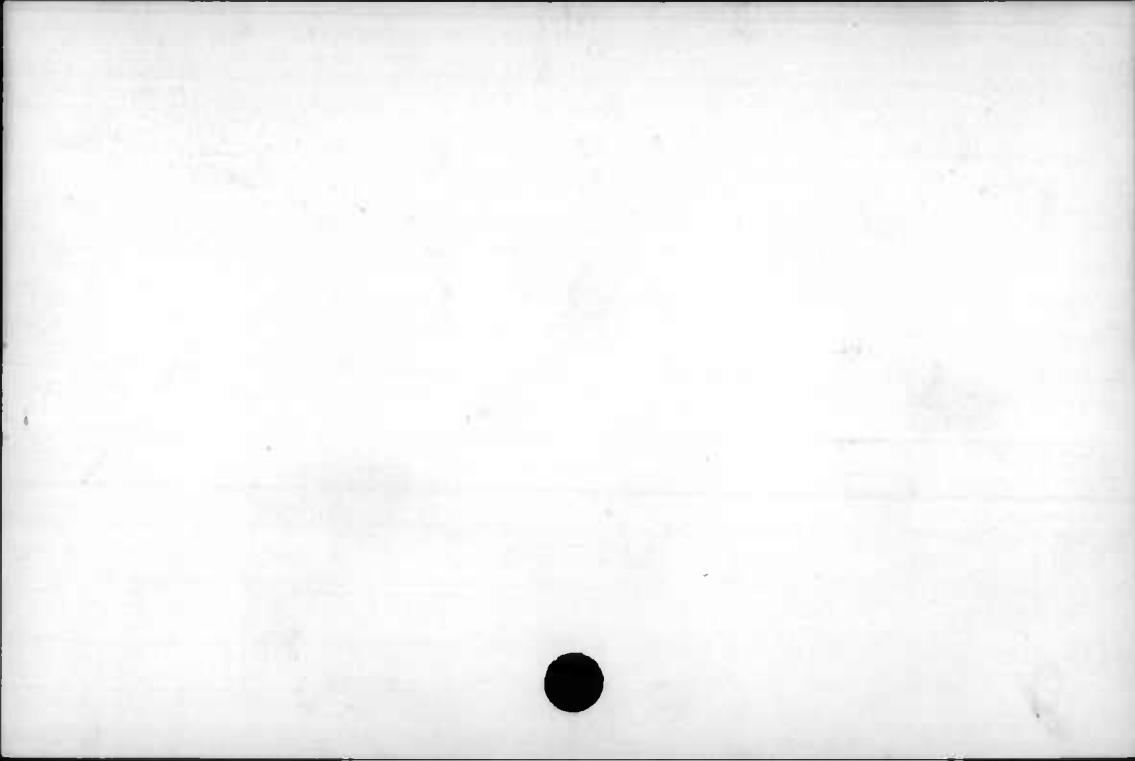
|   |                                 |   |   |                    |               |
|---|---------------------------------|---|---|--------------------|---------------|
| Died at <u>Trappe</u> Town                                  |                                 | <u>Talbot</u> County                    |   | MARYLAND           |               |
| Date of death   | <u>1907</u>                     | Month<br><u>April</u>                   | Day<br><u>29</u>                                    | Years<br><u>31</u> | Age <u>31</u> |
| Sex<br><u>male</u>  | Color or Race<br><u>colored</u> |   | Birth-place<br><u>Talbot Co.</u>                    |                    |               |
| Occupation<br><u>none</u>                                   |                                 |   | Where Residing if not at place of death<br><u>✓</u> |                    |               |
| Married, Single or Widowed<br><u>Single</u>                 |                                 | Name of Wife or Husband<br><u>✓</u>     |   |                    |               |
| Father's Name<br><u>unknown</u>                             |                                 | Father's Birthplace<br><u>unknown</u>   |   |                    |               |
| Mother's Maiden Name<br><u>unknown</u>                      |                                 | Mother's Birthplace<br><u>unknown</u>   |   |                    |               |
| Name of person giving information<br><u>John De Guichey</u> |                                 | How related to deceased<br><u>Supt.</u> |   |                    |               |

## CAUSES OF DEATH

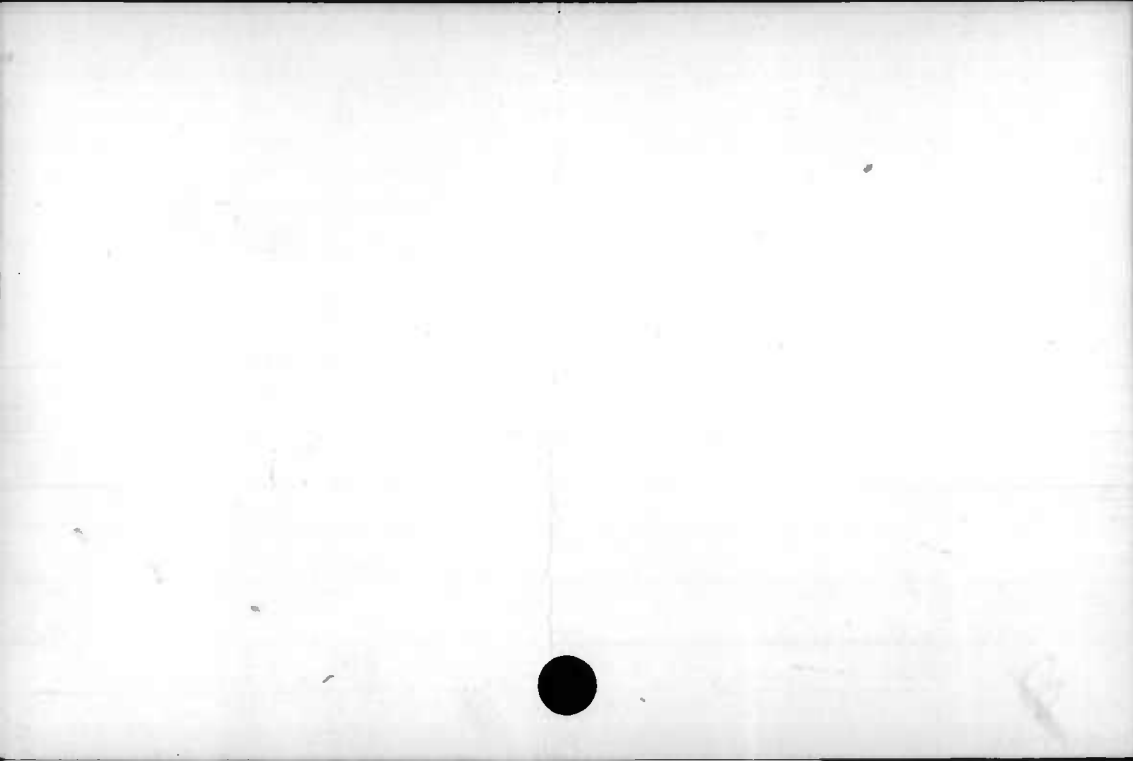
PHYSICIAN  
OR CORONER

|  |   |
|--|---|
| Primary<br><u>Idiocy</u>   | How long<br><u>Since birth</u>                  |
| Immediate<br><u>Organic heart disease</u>  | How long<br><u>Several months</u>               |
| Are the name, age, sex, color, date and place correctly given above?<br><u>yes</u> | Signature of Physician<br><u>Mrs S. Seymour</u> |
| Accident or Suicide?<br><u>no</u>  | Address<br><u>Trappe Md</u>                     |

79



| Name in Full                        |   | CERTIFICATE OF DEATH                             |                                     |                                    |                                |
|-------------------------------------|---|--|-------------------------------------|------------------------------------|--------------------------------|
| TO BE ANSWERED BY<br>NEAREST FRIEND | Died at <i>Willoughby</i> <small>Town</small>                                   |  | <i>Talbot</i> <small>County</small> |                                    | MARYLAND                       |
|                                     | Date of death <i>1907</i>   | <i>4</i> <small>Month</small>                    | <i>20</i> <small>Day</small>        | Age <i>25</i> <small>Years</small> | <i>—</i> <small>Months</small> |
|                                     | Sex <i>Female</i>   | Color or Race <i>Colored</i>                     | Birth Place <i>Talbot Co Md</i>     |                                    |                                |
|                                     | Occupation <i>House work</i>  | Where Residing if not at place of death <i>—</i> |                                     |                                    |                                |
|                                     | Married, Single or Widowed <i>Married</i>                                       | Name of Wife or Husband <i>George Harding</i>    |                                     |                                    |                                |
|                                     | Father's Name <i>Andrew Wilkins</i>   | Father's Birthplace <i>Md</i>                    |                                     |                                    |                                |
|                                     | Mother's Maiden Name <i>Mary E Johnson</i>                                      | Mother's Birthplace <i>Md</i>                    |                                     |                                    |                                |
|                                     | Name of person giving Information <i>Geo. Harding</i>                           | How related to deceased <i>Husband</i>           |                                     |                                    |                                |
| CAUSES OF DEATH                     |   |  |                                     |                                    | <b>27</b>                      |
| PHYSICIAN<br>OR CORONER             | Primary <i>Pulmonary Tuberculosis</i>   | How long <i>Several years</i>                    |                                     |                                    |                                |
|                                     | Immediate <i>Heart Failure</i>  | How long <i>Immediate</i>                        |                                     |                                    |                                |
|                                     | Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>J. O. Stach M.D.</i>   |                                     |                                    |                                |
|                                     |   | Address <i>Wye Mills Talbot Co Md.</i>           |                                     |                                    |                                |
| Accident or Suicide?                |   |  |                                     |                                    |                                |



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|   |  |                                 |  |                   |                  |
|---|--|---------------------------------|--|-------------------|------------------|
| Died at <i>Easton</i> <sup>Town</sup>                         |  | <i>Talbot</i> <sup>County</sup> |  | MARYLAND          |                  |
| Date of death <i>1907</i>                                     | Month <i>April</i>                                     | Day <i>20th</i>                 | Age <i>78</i>  | Months <i>one</i> | Days <i>four</i> |
| Sex <i>Male</i>   | Color or Race <i>white</i>                             |                                 | Birth-place <i>Grove Caroline Co</i>                       |                   |                  |
| Occupation <i>Retired Manufacturer.</i>                       |  |                                 | Where Residing if not at place of death <i>Easton, Md.</i> |                   |                  |
| Married, Single or Widowed                                    | Name of Wife or <del>Husband</del> <i>Emily Cullen</i> |                                 |  |                   |                  |
| Father's Name <i>Am. Samuel Hubbard</i>                       | Father's Birthplace <i>Caroline Co.</i>                |                                 |  |                   |                  |
| Mother's Maiden Name <i>Mary Rumbold</i>                      | Mother's Birthplace <i>Caroline Co.</i>                |                                 |  |                   |                  |
| Name of person giving information <i>May Hubbard Garrison</i> |  |                                 | How related to deceased <i>Niece.</i>                      |                   |                  |

## CAUSES OF DEATH

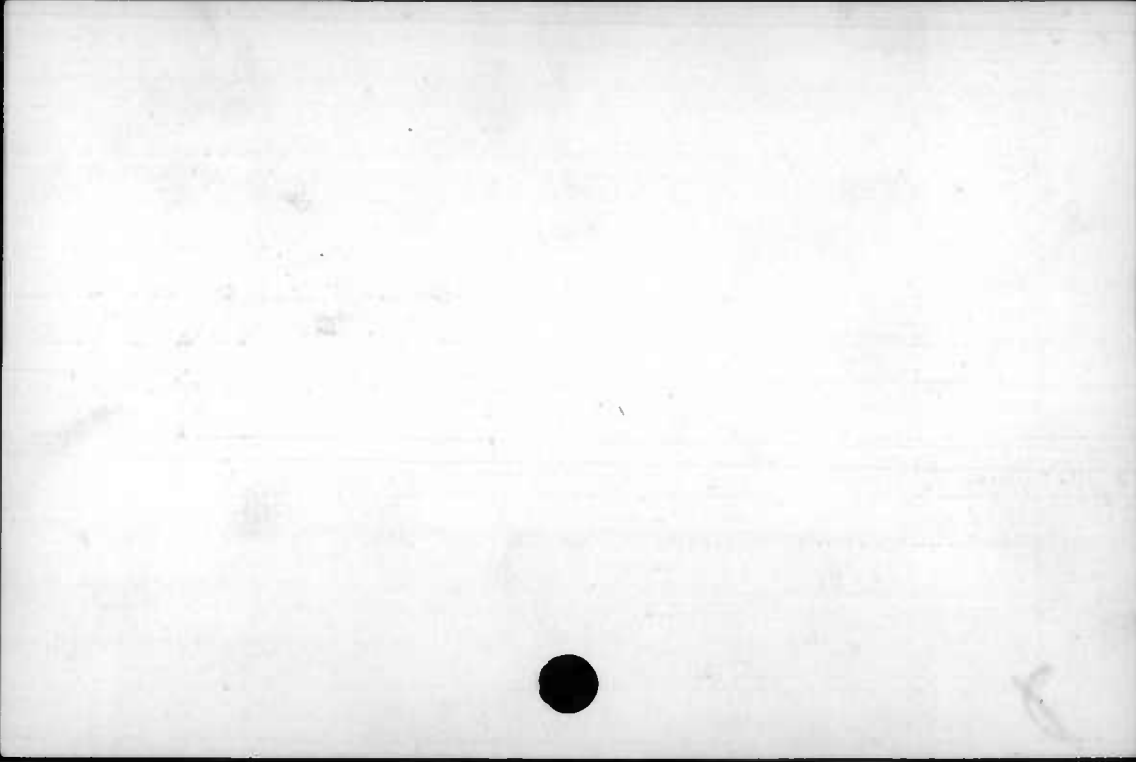
PHYSICIAN  
OR CORONER

|  |                             |   |
|--|-----------------------------|---|
| Primary  | <i>Capillary Bronchitis</i> | How long <i>3 days</i>                            |
| Immediate  | <i>Broncho Pneumonia</i>    | How long <i>2 days</i>                            |
| Are the name, age, sex, color, date and place correctly given above? |                             | Signature of Physician <i>Merritt Burke, M.D.</i> |
| <i>They are.</i>   |                             | Address <i>Easton Md.</i>                         |
| Accident or Suicide?   |                             |   |





| Name in Full                      |  | CERTIFICATE OF DEATH       |   |                  |                   |
|-----------------------------------|--|----------------------------|---|------------------|-------------------|
| John Samuel Madagan               |  | Town<br>St. Michaels       |   | County<br>Talbot |                   |
| Died at                           |  | MARYLAND                   |   |                  |                   |
| Date of death                     | 1907   | Month<br>April             | Day<br>19                               | Age<br>77        | Years<br>5        |
| Sex                               | Male   | Color or Race              | White                                   | Birth-place      | Philadelphia, Pa. |
| Occupation                        | Pilot  |                            | Where Residing if not at place of death |                  |                   |
| Married, Single or Widowed        | Married  | Name of Wife or Husband    | Mary Elizabeth Madagan                  |                  |                   |
| Father's Name                     | Daniel Madagan   |                            | Father's Birthplace                     | Ireland          |                   |
| Mother's Maiden Name              | Elizabeth Sheehan  |                            | Mother's Birthplace                     | Ireland          |                   |
| Name of person giving information | Mary E. Madagan  |                            | How related to deceased                 | Wife.            |                   |
| CAUSES OF DEATH                   |  |                            |   |                  |                   |
| PHYSICIAN OR CORONER              | Primary  | Cirrhosis of Liver - Acute |   | How long         | About 2 yrs       |
|                                   | Immediate  | Cardiac Failure            |   | How long         | -                 |
|                                   | Are the name, age, sex, color, date and place correctly given above? |                            | Yes                                     |                  |                   |
|                                   | Signature of Physician   |                            | J. H. Hope M.D.                         |                  |                   |
| Address                           |  | St. Michaels Md.           |   |                  |                   |
| Accident or Suicide?              |  | No.                        |   |                  |                   |



Name  
in  
Full

Blanche Louisa Miller

## CERTIFICATE OF DEATH

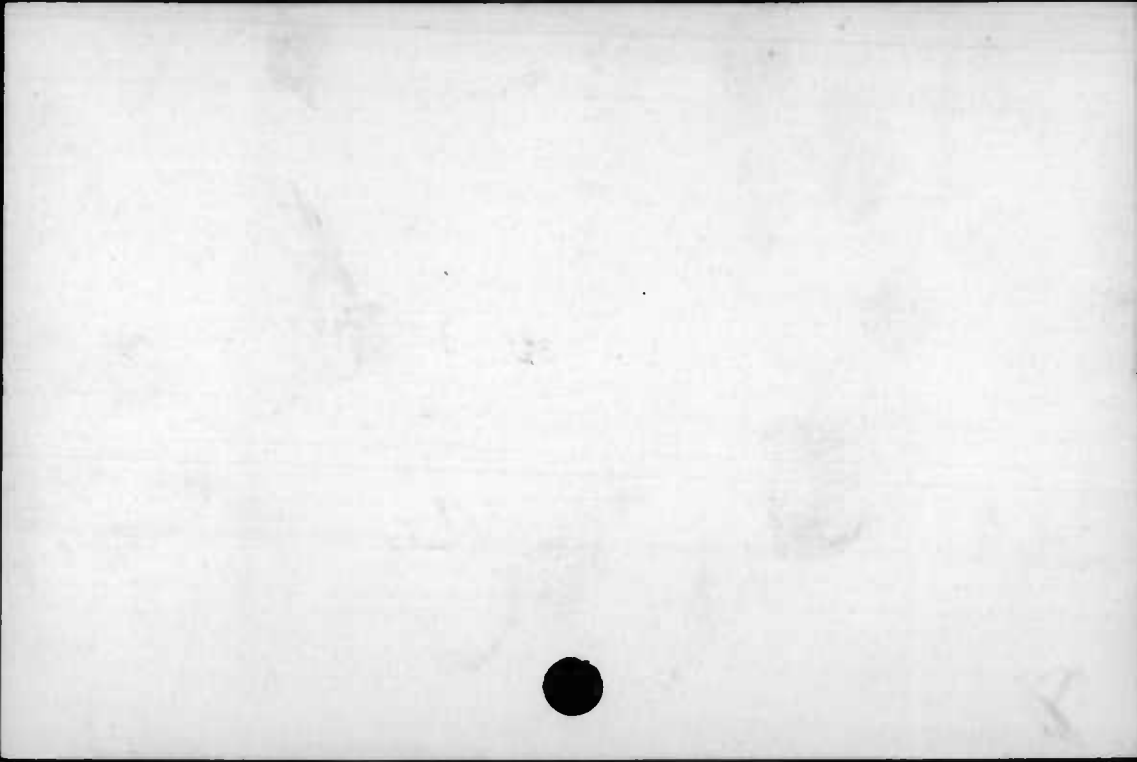
TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |                        |   |       |                         |                       |
|-----------------------------------|------------------------|---|-------|-------------------------|-----------------------|
| Died at <i>McDaniel</i> Town      |                        | <i>Talbot</i> County                    |       | MARYLAND                |                       |
| Date of death                     | 1907                   | Month                                   | April | Day                     | 4                     |
| Age                               | 4                      | Years                                   | 4     | Months                  | 5                     |
| Sex                               | Female                 | Color or Race                           | Black | Birthplace              | <i>McDaniel</i>       |
| Occupation                        |                        | Where Residing if not at place of death |       |                         |                       |
| Married, Single or Widowed        |                        | Name of Wife or Husband                 |       |                         |                       |
| Father's Name                     | <i>Frank A. Miller</i> |   |       | Father's Birthplace     | <i>McDaniel</i>       |
| Mother's Maiden Name              | <i>Virginia Flood</i>  |   |       | Mother's Birthplace     | <i>North Carolina</i> |
| Name of person giving information | <i>Frank A. Miller</i> |   |       | How related to deceased | <i>Father</i>         |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                         |                        |                 |
|--|-------------------------|------------------------|-----------------|
| Primary  | <i>Extensive burns</i>  | How long               | <i>24 hours</i> |
| Immediate  | <i>Cardiac Asthenia</i> | How long               | <i>1/2 hour</i> |
| Are the name, age, sex, color, date and place correctly given above? |                         | Signature of Physician |                 |
|  |                         | <i>H. E. Lepp</i>      |                 |
|  |                         | Address                |                 |
|  |                         | <i>St. Michael</i>     |                 |
|  |                         | <i>Md</i>              |                 |
| Accident or Suicide?   |                         |                        |                 |
| <i>accident</i>  |                         |                        |                 |



Name  
in  
Full

Henry Nichols

## CERTIFICATE OF DEATH

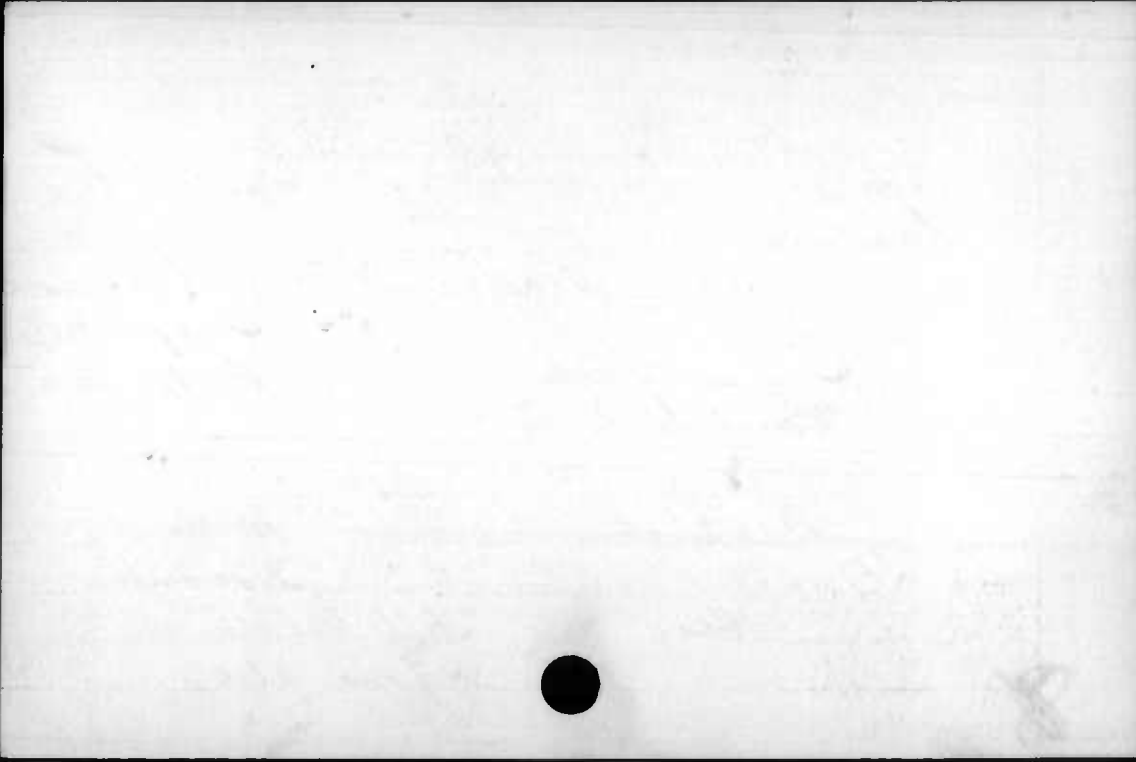
TO BE ANSWERED BY  
NEAREST FRIEND

|  |  |   |  |                                     |  |
|--|--|---|--|-------------------------------------|--|
| Died at <u>Eustis</u> <small>Town</small>  |  | <u>Tulst</u> <small>County</small>                    |  | MARYLAND                            |  |
| Date of death <u>1907</u> <small>Month</small> <u>April</u> <small>Day</small> <u>26</u> <small>Age</small> <u>72</u> <small>Years</small> |  | <u>3</u> <small>Months</small>                        |  | <u>26</u> <small>Days</small>       |  |
| Sex <u>Male</u>  |  | Color or Race <u>White</u>                            |  | Birth-place <u>Caroline Co., Md</u> |  |
| Occupation <u>Farmer</u>   |  | Where Residing if not at place of death <u>X</u>      |  |                                     |  |
| Married, Single or Widowed <u>Widower</u>  |  | Name of Wife or Husband <u>Elizabeth Anne Whitely</u> |  |                                     |  |
| Father's Name <u>Benjamin Nichols</u>  |  | Father's Birthplace <u>Caroline Co., Md</u>           |  |                                     |  |
| Mother's Maiden Name <u>Esther Turner</u>  |  | Mother's Birthplace <u>Caroline Co., Md</u>           |  |                                     |  |
| Name of person giving information <u>Chas. C. Nichols</u>  |  | How related to deceased <u>Son</u>                    |  |                                     |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |   |
|--|---|
| Primary <u>Nephritis</u>   | How long <u>2 years</u>                     |
| Immediate <u>Nemic Coma</u>  | How long <u>5 days</u>                      |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <u>W. J. Merritt</u> |
|  | Address <u>Eustis</u>                       |
| Accident or Suicide?   |   |



Name  
in  
Full

## CERTIFICATE OF DEATH

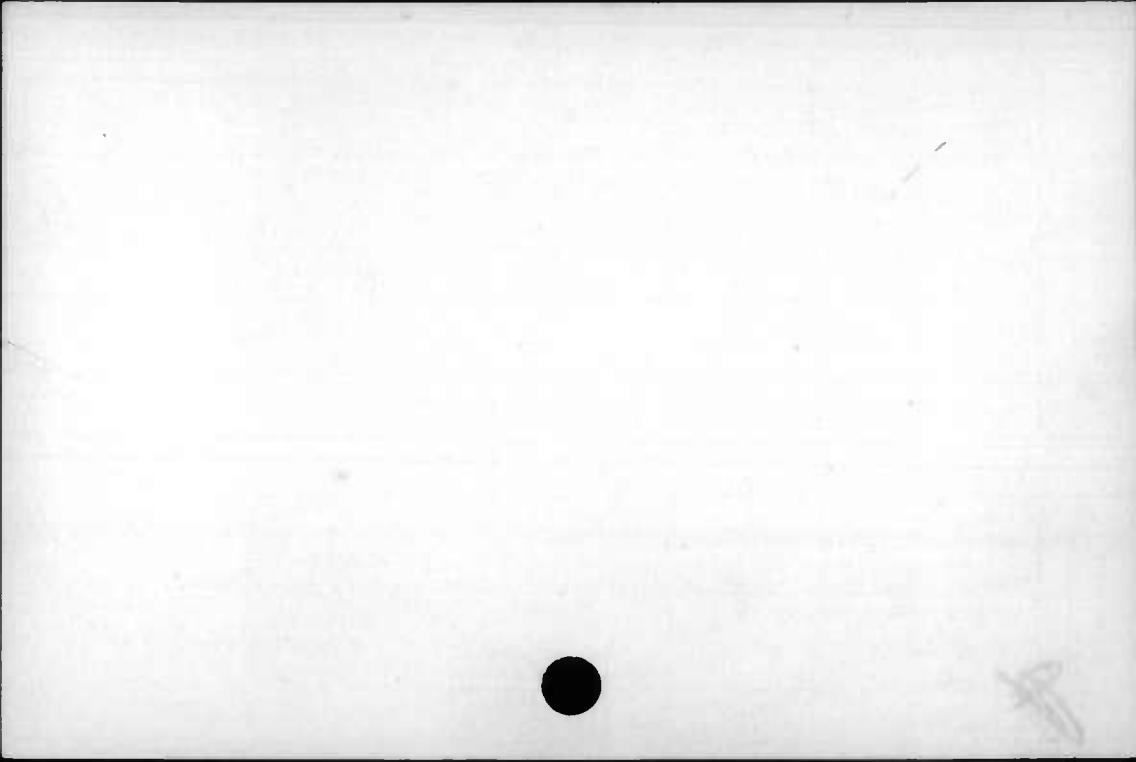
TO BE ANSWERED BY  
NEAREST FRIEND

|  |  |   |                       |                                      |                  |                   |                    |                  |
|--|--|---|-----------------------|--------------------------------------|------------------|-------------------|--------------------|------------------|
| Died at  |  | Town<br><i>Orford</i>   |                       | County<br><i>Talbot</i>              |                  | MARYLAND          |                    |                  |
| Date<br>of death   |  | 1907  | Month<br><i>April</i> | Day<br><i>27</i>                     | Age<br><i>79</i> | Years<br><i>-</i> | Months<br><i>9</i> | Days<br><i>5</i> |
| Sex<br><i>Male</i>   |  | Color or<br>Race<br><i>White</i>                                    |                       | Birth-<br>place<br><i>Trappe Md.</i> |                  |                   |                    |                  |
| Occupation<br><i>Carpenter</i>                                 |  | Where Residing if not<br>at place of death<br><i>Orford Md.</i>     |                       |                                      |                  |                   |                    |                  |
| Married, Single<br>or Widowed<br><i>Widowed</i>                |  | Name of Wife or<br>Husband<br><i>Wm. Anne M. Nichols (deceased)</i> |                       |                                      |                  |                   |                    |                  |
| Father's<br>Name<br><i>James Nichols</i>                       |  | Father's<br>Birthplace<br><i>Trappe Md.</i>                         |                       |                                      |                  |                   |                    |                  |
| Mother's<br>Maiden Name<br><i>Lusan Stoker</i>                 |  | Mother's<br>Birthplace<br><i>Trappe Md.</i>                         |                       |                                      |                  |                   |                    |                  |
| Name of person giving<br>information<br><i>Saml C. Nichols</i> |  | How related<br>to deceased<br><i>Son</i>                            |                       |                                      |                  |                   |                    |                  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                            |  |
|--|----------------------------|--|
| Primary  | <i>Diabetes</i>            | How long<br><i>10 years</i>                            |
| Immediate  | <i>Physical exhaustion</i> | How long<br><i>2 months</i>                            |
| Are the name, age, sex, color, date<br>and place correctly given above?<br><i>Yes.</i> |                            | Signature of<br>Physician<br><i>J. M. Eccles M. D.</i> |
|  |                            | Address<br><i>Orford Md.</i>                           |
| Accident or Suicide?<br><i>No</i>  |                            |  |





Name  
in  
Full

## CERTIFICATE OF DEATH

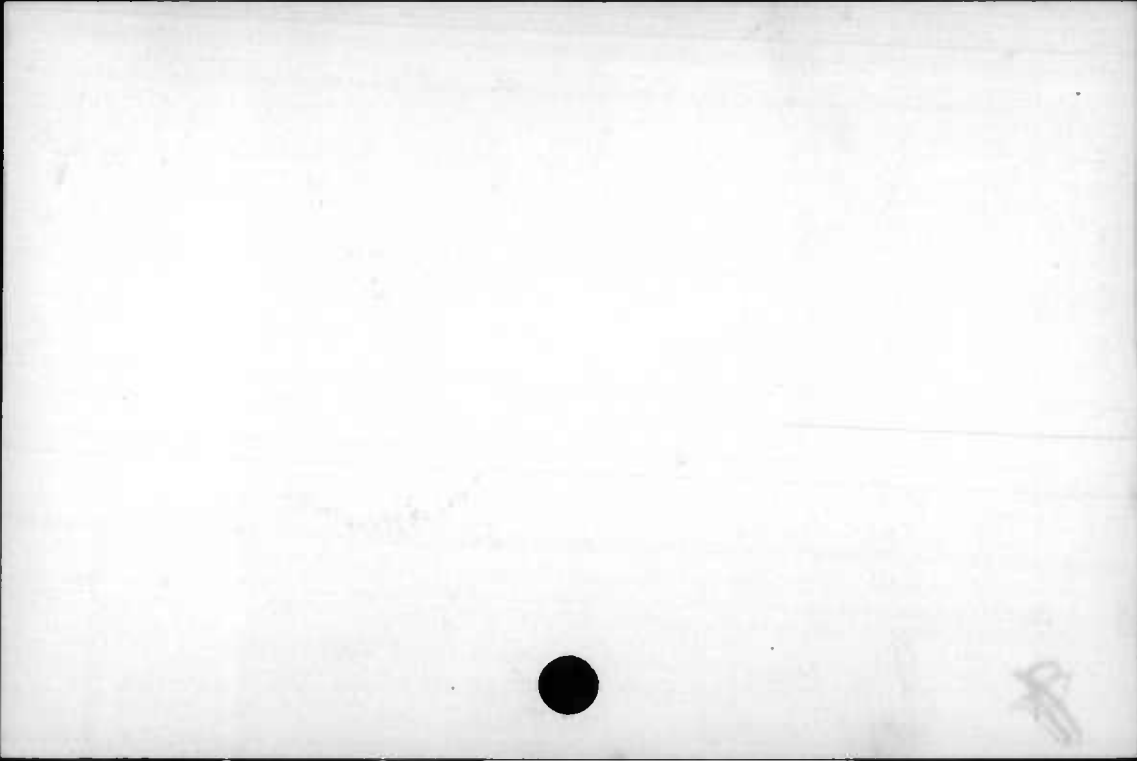
TO BE ANSWERED BY  
NEAREST FRIEND

|   |                       |                                     |   |  |                                |
|---|-----------------------|-------------------------------------|---|--|--------------------------------|
| Died at <i>Easton</i> <small>Town</small> |                       | <i>Jalbot</i> <small>County</small> |   | MARYLAND                                   |                                |
| Date of death                             | <i>1907</i>           | <i>Apr</i> <small>Month</small>     | <i>8</i> <small>Day</small>             | Age - <i>about 40</i> <small>Years</small> | <i>—</i> <small>Months</small> |
| Sex                                       | <i>Male</i>           |                                     | Color or Race                           | <i>White</i>                               |                                |
| Occupation                                | <i>Laborer</i>        |                                     | Where Residing if not at place of death | <i>Offord Md</i>                           |                                |
| Married, Single or Widowed                | <i>—</i>              |                                     | Name of Wife or Husband                 | <i>—</i>                                   |                                |
| Father's Name                             | <i>Don't know</i>     |                                     |   | Father's Birthplace                        | <i>—</i>                       |
| Mother's Maiden Name                      | <i>—</i>              |                                     |   | Mother's Birthplace                        | <i>—</i>                       |
| Name of person giving information         | <i>Sheriff Gannon</i> |                                     |   | How related to deceased                    | <i>—</i>                       |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                      |                |                        |                       |
|--|----------------------|----------------|------------------------|-----------------------|
| Primary  | <i>Poisoning</i>     | <i>157</i>     | How long               | <i>Several months</i> |
| Immediate  | <i>Strangulation</i> |                | How long               | <i>Immediate</i>      |
| Are the name, age, sex, color, date and place correctly given above? |                      | <i>yes</i>     | Signature of Physician | <i>P. L. Travers</i>  |
|  |                      |                | Address                | <i>Easton, Md.</i>    |
| <i>Accident or Suicide?</i>  |                      | <i>Suicide</i> |                        |                       |



Name  
in  
Full

Ariana E. Palmer

## CERTIFICATE OF DEATH

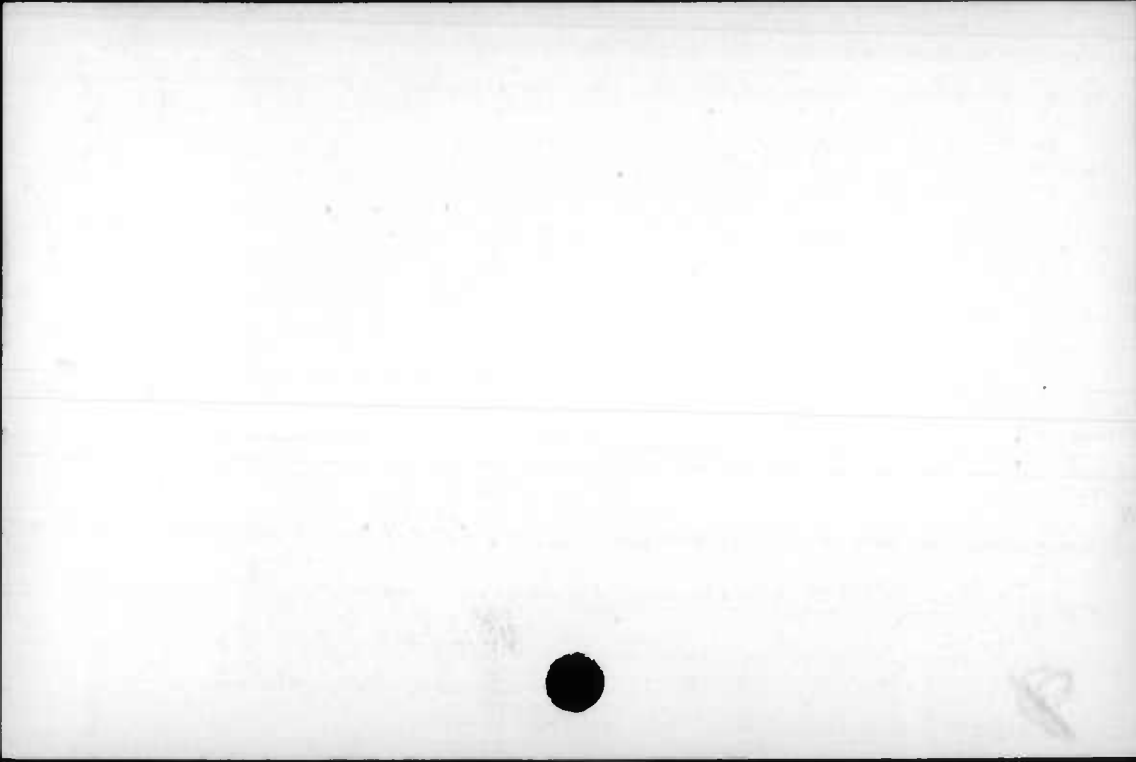
TO BE ANSWERED BY  
NEAREST FRIEND

|  |  |  |                          |                 |                |
|--|--|--|--------------------------|-----------------|----------------|
| Died at <i>Trafal</i>                                |  | County <i>Talbot</i>                                     |                          | MARYLAND        |                |
| Date of death <i>1907</i>                            | Month <i>April</i>                             | Day <i>23</i>  | Age <i>72</i>            | Months <i>—</i> | Days <i>12</i> |
| Sex <i>Female</i>                                    | Color or Race <i>White</i>                     |  | Birthplace <i>Talbot</i> |                 |                |
| Occupation <i>Housewife</i>                          |  | Where Residing if not at place of death <i>Baltimore</i> |                          |                 |                |
| Married, Single or Widowed <i>Widow</i>              | Name of Wife or Husband <i>Henry C. Palmer</i> |  |                          |                 |                |
| Father's Name <i>Thomas Mullikin</i>                 | Father's Birthplace <i>Talbot Co</i>           |  |                          |                 |                |
| Mother's Maiden Name <i>Mary E. Clayland</i>         | Mother's Birthplace <i>Talbot Co</i>           |  |                          |                 |                |
| Name of person giving information <i>R. Mullikin</i> | How related to deceased <i>Brother</i>         |  |                          |                 |                |

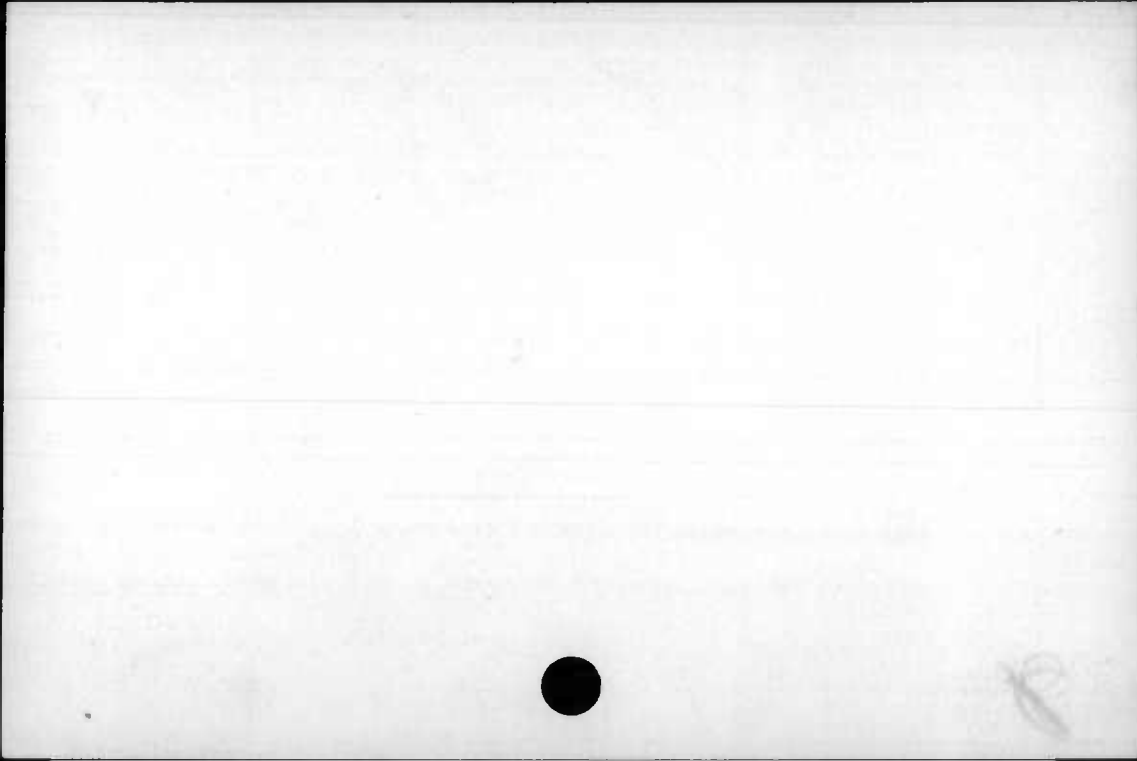
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |   |                             |
|---|---|-----------------------------|
| Primary <i>Cerebral hemorrhage</i>  | <i>64</i>                                   | How long <i>18 hours</i>    |
| Immediate <i>Coma</i>   |   | How long <i>a few hours</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>Wm S. Seymour</i> |                             |
|   | Address <i>Trafal, Md</i>                   |                             |
| Accident or Suicide? <i>no</i>  |   |                             |



| Name in Full                        |  | George F. Price |       |   |   | CERTIFICATE OF DEATH |             |        |
|-------------------------------------|--|-----------------|-------|---|---|----------------------|-------------|--------|
| TO BE ANSWERED BY<br>NEAREST FRIEND | Died at  | Near Easton     |       | Talbot                                  |   | MARYLAND             |             |        |
|                                     | Date of death  | 1907            | Month | April                                   | Day   | 10                   | Age         | 60     |
|                                     | Sex  | Male            |       | Color or Race                           | White                                       |                      | Birth-place | Talbot |
|                                     | Occupation   | Farmer          |       | Where Residing if not at place of death |   | Near Easton          |             |        |
|                                     | Married, Single or Widowed   | Married         |       | Name of Wife or Husband                 |   | Mrs Asine M Price    |             |        |
|                                     | Father's Name  | John Price      |       |   |   | Father's Birthplace  | Talbot      |        |
|                                     | Mother's Maiden Name   |                 |       |   |   | Mother's Birthplace  |             |        |
| Name of person giving information   | Mrs Barnes   |                 |       |   | How related to deceased                     |                      | Daughter    |        |
| CAUSES OF DEATH                     |  |                 |       |   |   |                      |             |        |
| PHYSICIAN<br>OR CORONER             | Primary  | Tuberculosis    |       |   |   | How long             | Two years   |        |
|                                     | Immediate  | Pneumonia       |       |   |   | How long             | One month   |        |
|                                     | Are the name, age, sex, color, date and place correctly given above? |                 |       |   | Signature of Physician                      |                      |             |        |
|                                     | <div> <div></div> <div>Yes</div> </div>                              |                 |       |   | <div> <div></div> <div>Address</div> </div> |                      |             |        |
| Accident or Suicide?                |  |                 |       | no                                      |   |                      |             |        |
| LIBRARY BUREAU A88816               |  |                 |       |   |   |                      |             |        |



Name  
in  
Full

Aucie Roberts

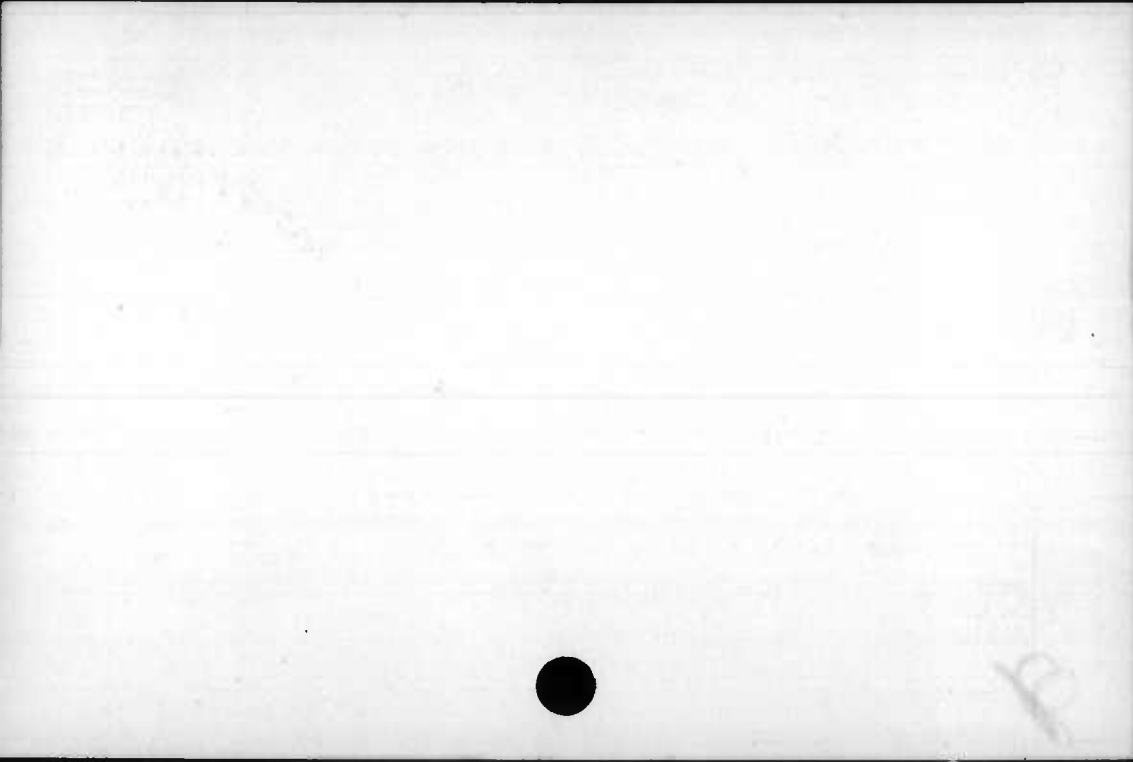
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|  |   |                      |                 |
|--|---|----------------------|-----------------|
| Died at (Myr) <sup>Town</sup> Near Easton <sup>County</sup> Talbot |   | MARYLAND             |                 |
| Date of death 1907   | Month Apr   | Day 18               | Age 35          |
| Sex Female   | Color or Race Black                               | Birthplace Talbot Co | Months — Days — |
| Occupation Servant   | Where Residing if not at place of death Myr House |                      |                 |
| Married, Single or Widowed Single                                  | Name of Wife or Husband —                         |                      |                 |
| Father's Name Harrison Roberts                                     | Father's Birthplace Talbot Co                     |                      |                 |
| Mother's Maiden Name Lint Keron                                    | Mother's Birthplace Unknown                       |                      |                 |
| Name of person giving information Father                           | How related to deceased                           |                      |                 |

## CAUSES OF DEATH

|                         |  |                        |   |
|-------------------------|--|------------------------|---|
| PHYSICIAN<br>OR CORONER | Primary  | Pulmonary Tuberculosis | How long 6 weeks                            |
|                         | Immediate  | Hemorrhage             | How long immediate                          |
|                         | Are the name, age, sex, color, date and place correctly given above? |                        | Signature of Physician A. J. Campbell, M.D. |
|                         | Address Easton, Md.  |                        |   |
| Accident or Suicide?    |  |                        |   |





Name  
in  
Full

Chas H. Roberts

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

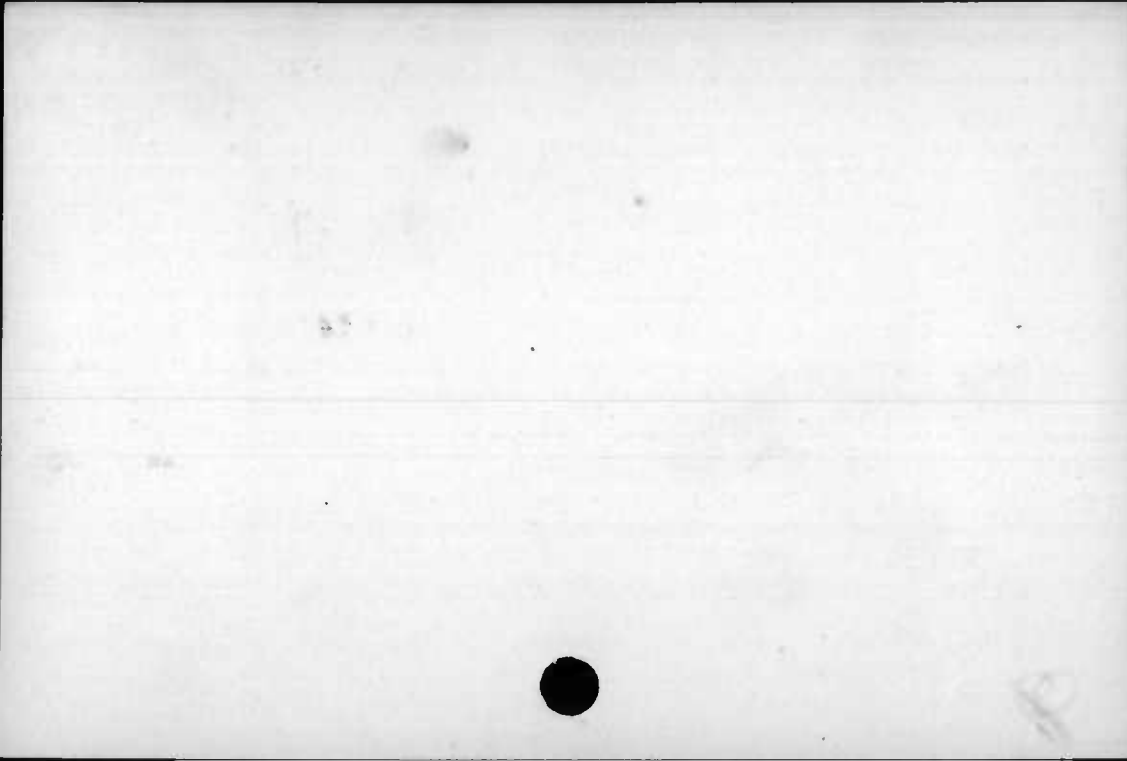
|                                   |                      |                      |   |   |                         |                     |                  |
|-----------------------------------|----------------------|----------------------|---|---|-------------------------|---------------------|------------------|
| Died at                           |                      | Town <i>McDaniel</i> |   | County <i>Talbot</i>                    |                         | MARYLAND            |                  |
| Date of death                     | <i>1907</i>          | Month <i>April</i>   | Day <i>10</i>                                   | Years <i>72 years</i>                   | Months <i>—</i>         | Days <i>—</i>       |                  |
| Sex                               | <i>Male</i>          |                      | Color or Race                                   | <i>Black</i>                            |                         | Birth-place         | <i>Talbot Co</i> |
| Occupation                        | <i>Laborer</i>       |                      |   | Where Residing if not at place of death |                         |                     | <i>—</i>         |
| Married, Single or Widowed        | <i>Married</i>       |                      | Name of Wife or Husband <i>Mary Ann Roberts</i> |   |                         |                     |                  |
| Father's Name                     | <i>Isaac Roberts</i> |                      |   |   | Father's Birthplace     | <i>Talbot Co Md</i> |                  |
| Mother's Maiden Name              | <i>Annie Kerby</i>   |                      |   |   | Mother's Birthplace     | <i>Talbot Co Md</i> |                  |
| Name of person giving information | <i>Julia Roberts</i> |                      |   |   | How related to deceased | <i>daughter</i>     |                  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

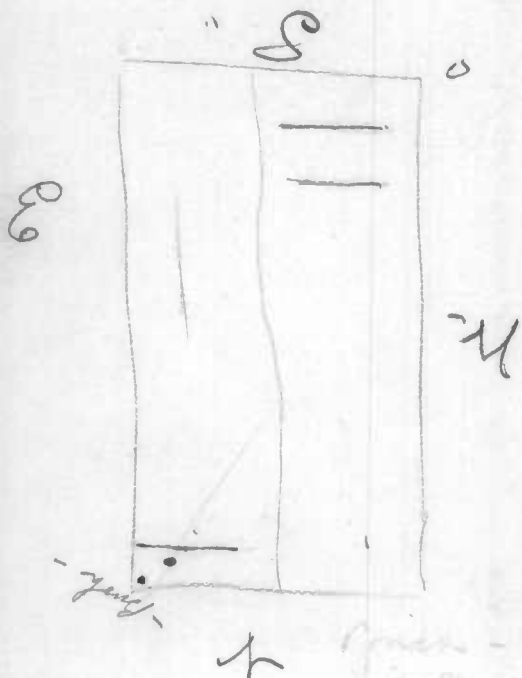
|  |                         |   |
|--|-------------------------|---|
| Primary  | <i>Nephritis</i>        | How long<br><i>1 year</i>                   |
| Immediate  | <i>Cardiac Asthenia</i> |   |
| Are the name, age, sex, color, date and place correctly given above? | <i>Yes</i>              | Signature of Physician<br><i>H. E. Ginn</i> |
|  |                         | Address<br><i>St. Michaels Md</i>           |
| Accident or Suicide?   | <i>—</i>                |   |

120



| Name in Full  |  | Marry Anne Rose           |       |   |                         | CERTIFICATE OF DEATH |             |
|---|--|---------------------------|-------|---|-------------------------|----------------------|-------------|
| TO BE ANSWERED BY<br>NEAREST FRIEND   | Died at  | Eaton <sup>Town</sup>     |       | Talbot <sup>County</sup>                |                         | MARYLAND             |             |
|   | Date of death  | 1907                      | April | Day 14                                  | Age 74                  | Months 6             | Days        |
|   | Sex  | Female                    |       | Color or Race                           | White                   |                      | Birth-place |
|   | Occupation   | house                     |       | Where Residing if not at place of death |                         | Caroline Co., Md     |             |
|   | Married, Single or Widowed   | Single                    |       | Name of Wife or Husband                 |                         | —                    |             |
|   | Father's Name  | Richard Rose              |       | Father's Birthplace                     |                         | Queen Anne Co., Md   |             |
|   | Mother's Maiden Name   | Sarah Andrew              |       | Mother's Birthplace                     |                         | Caroline Co., Md     |             |
| Name of person giving information   | Mrs. Rachel Gibran   |                           |       |   | How related to deceased |                      | Sister      |
| CAUSES OF DEATH   |  |                           |       |   |                         |                      |             |
| PHYSICIAN<br>OR CORONER   | Primary  | Scurvy                    |       |   | How long                | 3 mos                |             |
|   | Immediate  | Exhaustion & Hypertension |       |   | How long                | 24 hrs               |             |
|   | Are the name, age, sex, color, date and place correctly given above? |                           |       | Signature of Physician                  |                         | J. B. [Signature]    |             |
|   |  |                           |       | Address                                 |                         | Eaton, Md            |             |
| <div style="display: flex; justify-content: space-between;"> <span>Accident or Suicide?</span> <span>LIBRARY BUREAU A6618</span> </div> |  |                           |       |   |                         |                      |             |

Pony at St. Michael  
Apr 16/07



Name  
in  
Full

William Huddaway Seth


## CERTIFICATE OF DEATH

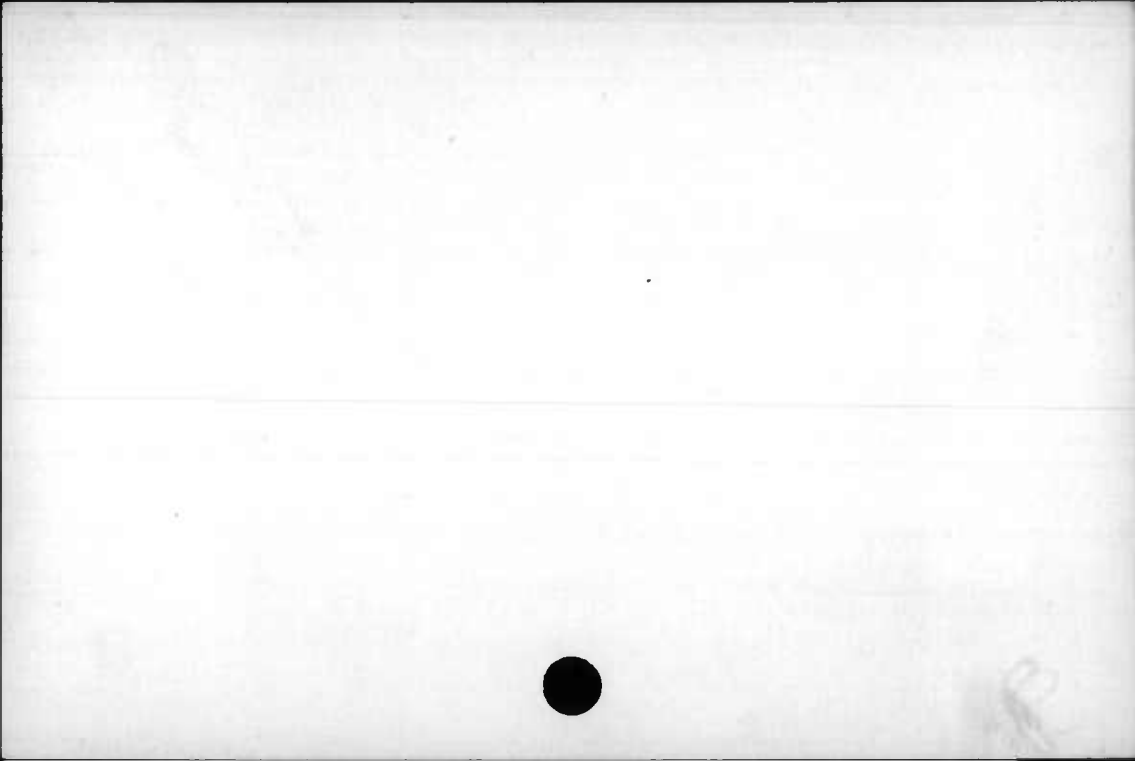
TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |                   |  |       |             |                 |
|-----------------------------------|-------------------|--|-------|-------------|-----------------|
| Died at <i>Oxford</i> Town        |                   | <i>Talbot</i> County   |       | MARYLAND    |                 |
| Date of death                     | 1907              | Month  | April | Day         | 9               |
| Age                               | 67                | Years  | 4     | Months      | 28              |
| Sex                               | Male              | Color or Race  | White | Birth-place | Talbot Co., Md. |
| Occupation                        | Retired           | Where Residing if not at place of death <i>Sallie E. Hopkins</i> |       |             |                 |
| Married, Single or Widowed        | Married           | Name of Wife or Husband <i>Sallie E. Hopkins</i>                 |       |             |                 |
| Father's Name                     | Alexander H. Seth | Father's Birthplace <i>Hebron, Talbot Co.</i>                    |       |             |                 |
| Mother's Maiden Name              | Martha Huddaway   | Mother's Birthplace <i>Talbot, Co.</i>                           |       |             |                 |
| Name of person giving information | W. R. Seth        | How related to deceased <i>Son</i>                               |       |             |                 |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |                            |                        |                            |
|---|----------------------------|------------------------|----------------------------|
| Primary   | <i>Paralysis (66)</i>      | How long               | <i>3 years</i>             |
| Immediate   | <i>Physical exhaustion</i> | How long               | <i>6 months</i>            |
| Are the name, age, sex, color, date and place correctly given above?                                      | <i>Yes.</i>                | Signature of Physician | <i>J. M. Eccles M.D.</i>   |
| <br>Accident or Suicide? |                            | Address                | <i>Oxford Talbot Co Md</i> |



Name  
in  
Full

Charles William Stanley

## CERTIFICATE OF DEATH

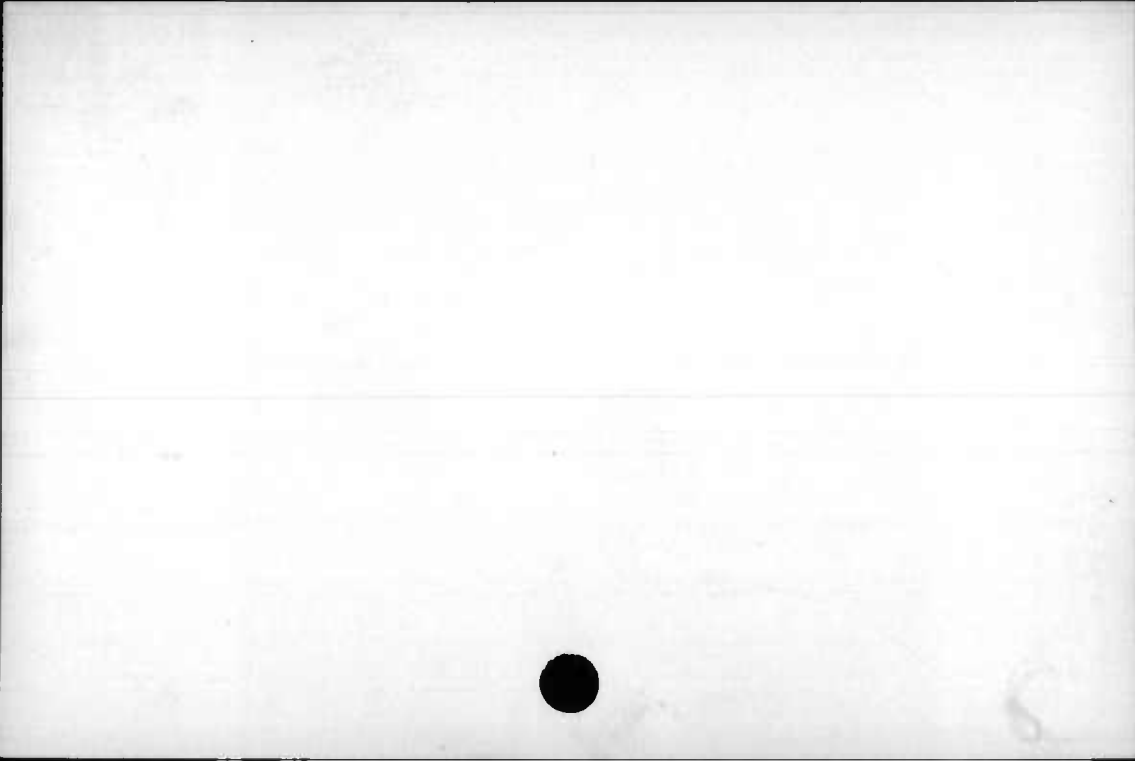
TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |                         |                          |   |                                  |                 |
|-----------------------------------|-------------------------|--------------------------|---|----------------------------------|-----------------|
| Died near <sup>Town</sup> Trappe  |                         | <sup>County</sup> Talbot |   | MARYLAND                         |                 |
| Date of death 1904                | Month 4                 | Day 27                   | Age 8                                   | Years                            | Months 2 Days 1 |
| Sex Male                          | Color or Race Negro     |                          | Birth-place Talbot Co, Md               |                                  |                 |
| Occupation                        |                         |                          | Where Residing if not at place of death |                                  |                 |
| Married, Single or Widowed Single | Name of Wife or Husband |                          |   |                                  |                 |
| Father's Name                     | Don't know              |                          |   | Father's Birthplace Talbot Co Md |                 |
| Mother's Maiden Name              | Sallie Ann Stanley      |                          |   | Mother's Birthplace Talbot Co Md |                 |
| Name of person giving information |                         |                          | How related to deceased                 |                                  |                 |
| Martha Stanley                    |                         |                          | Grand mother                            |                                  |                 |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                |                        |                   |
|--|----------------|------------------------|-------------------|
| Primary  | Diphtheria     | How long               | 3 weeks.          |
| Immediate  | Heart failure. | How long               | Immediate         |
| Are the name, age, sex, color, date and place correctly given above? | Yes            | Signature of Physician | Joseph A Ross M D |
|  |                | Address                | Trappe, Md        |
| Accident or Suicide?   |                |                        |                   |





Name  
in  
Full

Andrew Warner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

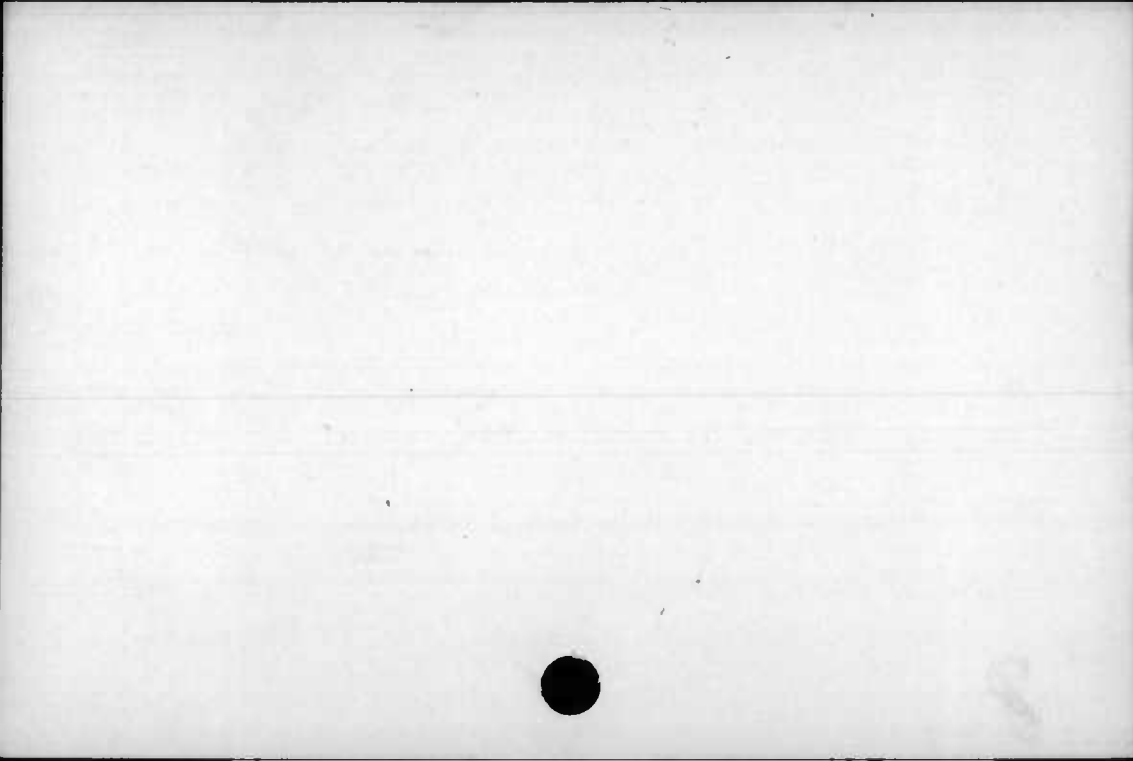
|   |  |   |  |                                   |  |                 |  |
|---|--|---|--|-----------------------------------|--|-----------------|--|
| Died at <i>M<sup>c</sup> Daniel</i>       |  | Town <i>Talbot</i>                              |  | County                            |  | MARYLAND        |  |
| Date of death <i>1907</i>                 |  | Month <i>4</i>                                  |  | Day <i>26</i>                     |  | Years <i>70</i> |  |
| Sex <i>Male</i>                           |  | Color or Race <i>Black</i>                      |  | Birth-place <i>Talbot Co. Md.</i> |  | Months          |  |
| Occupation <i>Farmer Hand</i>             |  | Where Residing if not at place of death         |  |                                   |  | Days            |  |
| <del>Married</del> Single                 |  | Name of Wife or Husband                         |  |                                   |  |                 |  |
| Father's Name <i>Robert Warner</i>        |  | Father's Birthplace <i>M<sup>c</sup> Daniel</i> |  |                                   |  |                 |  |
| Mother's Maiden Name <i>Eliza Johnson</i> |  | Mother's Birthplace <i>M<sup>c</sup> Daniel</i> |  |                                   |  |                 |  |
| Name of person giving information         |  | How related to deceased                         |  |                                   |  |                 |  |

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

|  |  |  |  |
|--|--|--|--|
| Primary <i>Senile Debility</i>                                       |  | How long <i>1 week.</i>                  |  |
| Immediate <i>General anesthesia</i>                                  |  | How long <i>1 week.</i>                  |  |
| Are the name, age, sex, color, date and place correctly given above? |  | Signature of Physician <i>W. E. Zipp</i> |  |
| Address <i>St. Michael Med.</i>                                      |  |  |  |
| Accident or Suicide?   |  |  |  |



| Name in Full  |  | CERTIFICATE OF DEATH   |  |   |  |
|---|--|--|--|---|--|
| TO BE ANSWERED BY NEAREST FRIEND  |  | Died at <u>Trappe</u> <small>Town</small>  |  | <u>Talbot</u> <small>County</small>                 |  |
|   |  | Date of death <u>1907</u> <small>Month</small> <u>Apr.</u> <small>Day</small> <u>2</u> |  | Age <u>38</u> <small>Years</small>                  |  |
|   |  | Sex <u>male</u>  |  | Color or Race <u>white</u>                          |  |
|   |  | Occupation <u>none</u>   |  | Where Residing if not at place of death <u>✓</u>    |  |
|   |  | Married, <u>✓</u> <small>or Widowed</small>  |  | Name of Wife or <u>husband</u> <u>Larina Lowery</u> |  |
| PHYSICIAN OR CORONER  |  | Father's Name <u>unknown</u>   |  | Father's Birthplace <u>unknown</u>                  |  |
|   |  | Mother's Maiden Name <u>unknown</u>  |  | Mother's Birthplace <u>unknown</u>                  |  |
|   |  | Name of person giving information <u>John Delaney</u>                                  |  | How related to deceased <u>Overseer</u>             |  |
|   |  | CAUSES OF DEATH <span style="float: right;">7-5</span>                                 |  |   |  |
|   |  | Primary <u>Pulmonary Tuberculosis</u>  |  | How long <u>1 year</u>                              |  |
| Immediate <u>organic heart disease - Calcified</u>                              |  | How long <u>momentary</u>  |  |   |  |
| Are the name, age, sex, color, date and place correctly given above? <u>yes</u> |  | Signature of Physician <u>Wm S. Seymour</u>  |  | Address <u>Trappe Md.</u>                           |  |
| Accident or Suicide? <u>no</u>  |  |  |  |   |  |

27

